

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 4-99)

OAL FILE NUMBERS Z-	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 05-0809-01EE
For use by Office of Administrative Law (OAL) only			
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services		AGENCY FILE NUMBER (if any) ORD #0305-05	

2005 AUG -9 11:01
OFFICE OF ADMINISTRATIVE LAW

FILED
in the office of the Secretary of State
of the State of California
AUG 12 2005
At **1:54** O'clock **P** M.

NOTICE REGULATIONS

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Fry v. Saenz Court Case Eligibility for CalWORKs	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 05-0412-02E
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually)	ADOPT
	AMEND 42-101
TITLE(S) MPP	REPEAL

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☐ Emergency (Gov. Code, § 11346.1(b))	☒ Emergency Readopt (Gov. Code, § 11346.1(h))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☐ Print Only	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

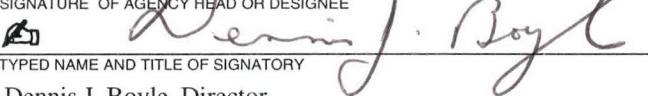
5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))		
☐ Effective 30th day after filing with Secretary of State	☒ Effective on filing with Secretary of State	☐ Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Alison Garcia, Manager	TELEPHONE NUMBER () 657-2586	FAX NUMBER (Optional) ()	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 8/4/05
TYPED NAME AND TITLE OF SIGNATORY Dennis J. Boyle, Director	

Amend Section 42-101 to read:

42-101 AGE REQUIREMENT (Continued)

42-101

- .3 Children who currently receive or have in the past received SSI/SSP benefits shall be considered disabled. Parent/caretaker relatives shall cooperate with the CWDs to obtain verification of receipt of SSI/SSP benefits. Past or present 18-year-old recipients of SSI/SSP benefits who attend school full-time shall be considered an eligible child in their parent/caretaker relative's AU and aid shall continue for the otherwise eligible parent/caretaker relative until the child completes the program, turns 19 or stops attending school full-time, whichever occurs first.
- .31 Verification may include a copy of a Social Security determination letter. To determine if the child who is turning 18-years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5 (b).
- .4 Children who currently receive or have in the past received services through a Regional Center Program pursuant to the Lanterman Act shall be considered disabled. Parent/caretaker relatives shall cooperate with the CWD to obtain verification of receipt of services. Otherwise eligible 18-year-olds who attend school full-time and are considered disabled under this criterion shall be eligible for CalWORKs benefits until they complete the program, turn 19 or stop attending school full-time, whichever occurs first.
- .41 Verification may include a statement from the Regional Center stating that the child is currently receiving or has in the past received services. To determine if the child who is turning 18-years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5(b).
- .5 Children who currently receive services at school in accordance with their Individual Education Plan (IEP) or receive services under/pursuant to Section 504 of the Rehabilitation Act (e.g., a Section 504 Plan or Section 504 Accommodation Plan) or have received such services in the past, shall be considered to be disabled. Parent/caretaker relatives shall cooperate with the CWD to obtain verification of receipt of services. Otherwise eligible 18-year-olds who attend school full-time and are considered disabled under this criterion shall be eligible for CalWORKs benefits until they complete the program, turn 19 or stop attending school full-time, whichever occurs first.
- .51 Verification may include a copy of the child's IEP or Section 504 Plan/Section 504 Accommodation Plan (MPP 40-105.5 (b)). To determine if the child who is turning 18 years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5 (b).

- .6 When a child's disability cannot be verified by the criteria described above, the parent/caretaker relative can provide independent verification or authorize the CWD to obtain documentation from a health care provider or a trained, qualified learning disabilities evaluation professional of a current or past disability. Otherwise eligible 18-year-olds who attend school full-time and are considered disabled under this criterion shall be eligible for CalWORKs benefits until they complete the program, turn 19 or stop attending school full-time, whichever occurs first. To determine if the child who is turning 18-years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5(b).

Authority Cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 10063(a) and 11253, Welfare and Institutions Code, Fry v. Saenz 98 Cal.App.4th 256, and Fry v. Saenz, (Sacramento County Superior Court), Case No. 00CS01350, Judgment and Peremptory Writ of Mandate, July 7, 2004.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. '4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 05-0809-02N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services			AGENCY FILE NUMBER (if any) ORD# 0705-13

FILED
In the office of the Secretary of State
of the State of California

SEP 20 2005

At 1:32 O'clock P M.

Shane Huns

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER	PUBLICATION DATE
	☐ Approved as Submitted	☐ Approved as Modified	☐ Disapproved/Withdrawn	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Financial Audit Cost Reimbursement -- AFDC Foster Care		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)			
SECTION(S) AFFECTED (List all section number(s) individually)		ADOPT AMEND REPEAL Section 11-405.22	
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code, § 11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4) ☐ Emergency (Gov. Code, § 11346.1(b)) ☐ Emergency Readopt (Gov. Code, § 11346.1(h)) ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)			
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.			
☐ Print Only ☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100) ☐ Other (specify) _____			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)			
5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))			
☐ Effective 30th day after filing with Secretary of State ☒ Effective on filing with Secretary of State ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal			
☐ Other (Specify) _____			
7. CONTACT PERSON Alison Garcia		TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286
		E-MAIL ADDRESS (Optional)	

8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Dennis J. Boyle

TYPED NAME AND TITLE OF SIGNATORY

DENNIS J. BOYLE, Director

DATE

8/5/05

1-11-70
The State of California
Department of Corrections

Repeal MPP Section 11-405.22 et seq. to read:

11-405 FISCAL AND FINANCIAL AUDITS (Continued) 11-405

.2 Financial Audits (Continued)

~~.22 Financial Audit Cost Reimbursement~~

~~Corporations which operate foster family agencies providing treatment services which receive less than \$300,000 in combined federal funds in their most recent fiscal year and/or group home programs with a total licensed capacity of 12 or less which receive less than \$300,000 in combined federal funds in their most recent fiscal year may be eligible for reimbursement of the costs of financial audits on a sliding scale basis, as shown in Sections 11-405.223(a) and (b) below. Reimbursement is subject to the availability of funds and may be authorized only once every three years for the financial audit report specified in Section 11-405.213(b).~~

~~.221 Corporations which operate eligible programs may apply for financial assistance related to the costs of the financial audit by forwarding to the Department the financial audit report, a completed Financial Audit Report Transmittal, SR 8, (Rev. 4/03), the invoice for the cost of procuring the audit, documentary evidence that the invoice was paid, certification that combined federal funds received in the most recent fiscal year was less than \$300,000 and any other relevant documents needed to validate the claim for reimbursement.~~

~~.222 The Department shall review and determine that the financial audit report meets the requirements set forth in Sections 11-405.21 prior to approval of reimbursement.~~

~~.223 Schedules for Audit Reimbursement~~

- ~~(a) For corporations which operate a group home program or programs with a combined licensed capacity of 12 beds or less and which receive less than \$300,000 in combined federal funds in their most recent fiscal year, the amount of reimbursement shall be based on the program with the lowest licensed capacity as shown below:~~

Single GH Programs		Amount
Capacity/RCL		Reimbursed
Level I	1-6 beds	\$2,500 or 50% of
	RCL 1-14	actual cost (whichever is less)

	7-12 beds RCL 1-10	Same as above
Level II	7-12 beds RCL 11-14	\$1,500 or 50% of actual cost (whichever is less)

- (b) ~~For corporations which operate a foster family agency providing treatment services with or without a group home, and which receive less than \$300,000 in combined federal funds in their most recent fiscal year, the amount of reimbursement shall be based on gross annual revenues from all sources for the audit period, as follows:~~

	FFA		Amount Reimbursed
	Gross Annual Revenues		
Level I	Minimum	\$——0	\$2,500 or 50% of actual cost (whichever is less)
	Maximum	\$450,288	
Level II	Minimum	\$450,289	\$1,500 or 50% of actual cost (whichever is less)
	Maximum	\$585,216	
Level III	Minimum	\$585,217	\$750 or 50% of actual cost (whichever is less)
	Maximum	\$765,216	
Level IV	Minimum	\$765,217	None
	Maximum	None	

.23 (Continued)

Authority Cited: Sections 10553, 10554, 11460(b), and 11466.21, Welfare and Institutions Code.

Reference: Sections 11466.21 and 11466.22, Welfare and Institutions Code; Public Law 98-502 and 104-156; Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; *Government Auditing Standards* of the Comptroller General of the United States (Yellow Book); and Department of Health and Human Services, Administration for Children and Families letters dated April 19, 2001, February 22, 2002 and May 7, 2002.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-05-0322-03	REGULATORY ACTION NUMBER 05-0822-035	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
California Department of Social ServicesAGENCY FILE NUMBER (If any)
ORD #1104-07

FILED

In the office of the Secretary of State
of the State of California

OCT 04 2005

At 4:02 O'clock, P. M.

M. M. Fey

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 05-#13-2	PUBLICATION DATE 4-1-2005

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CCL Adult Residential Facilities Waivers and Exceptions	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually) per agency omc 10-4-05	ADOPT
TITLE(S) Title 22	AMEND 80072(a)(8) and 85068.4
	REPEAL

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☐ Emergency (Gov. Code, § 11346.1(b))	☐ Emergency Readopt (Gov. Code, § 11346.1(h))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☐ Print Only	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)
June 16, 2005 to June 30, 2005

5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))	per agency omc 10-4-05
☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State
☒ Effective other (Specify) 8-12-2005	

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
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☐ Other (Specify)

7. CONTACT PERSON Alison Garcia, ORD Manager	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) ()	E-MAIL ADDRESS (Optional)
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8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE Robert Sertich	DATE August 8, 2005
TYPED NAME AND TITLE OF SIGNATORY	

Robert Sertich. Chief Deputy-Director

Amend Section 80072(a)(8) to read:

80072 PERSONAL RIGHTS

80072

(a) through (a)(7)(B) (Continued)

- (8) Not to be placed in any restraining device. Postural supports may be used ~~if they are approved in advance by the licensing agency as specified in (A) through (F) below~~ under the following conditions.

(A) (Continued)

- (B) ~~All requests to use postural supports shall be in writing and include a A written order of a from the client's physician indicating the need for such the postural supports shall be maintained in the client's record. The licensing agency shall be authorized to require other additional documentation in order to evaluate the request if needed to verify the order.~~

- (C) ~~Approved p~~Postural supports shall be fastened or tied in a manner ~~which that~~ permits quick release by the resident client.

- (D) ~~The licensing agency shall approve the use of Prior to the use of postural supports that cause the client to become non-ambulatory, the licensee shall ensure that only after the appropriate a fire clearance, as required by Sections 80020(a) or (b), has been secured.~~

- (E) ~~The licensing agency shall have the authority to grant conditional and/or limited approvals to use postural supports.~~

- (FE) Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a resident's client's hands or feet.

1. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed ~~with prior licensing approval~~. Bed rails that extend the entire length of the bed are prohibited except for clients who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.

(GF) (Continued)

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, ~~1528~~, and 1531, Health and Safety Code.

Amend Section 85068.4 to read:

85068.4 ACCEPTANCE AND RETENTION LIMITATIONS (Continued)

85068.4

- (b) The licensee shall not admit, but may retain, persons who are over 59 years of age whose needs are compatible with other clients, if they require the same level of care and supervision as do the other clients in the facility, and the licensee is able to meet their needs.
 - (1) Licensees are not required to obtain an exception for clients over the age of 59 as long as the number of persons over the age of 59 does not exceed 50 percent of the census in facilities with the capacity of six and under.
 - (2) Licensees are not required to obtain an exception for clients over the age of 59 as long as the number of persons over the age of 59 does not exceed 25 percent of the census in facilities with a capacity of over six.
- (c) Retention of clients shall be in accordance with the client's Needs and Services Plan, required by Section 85068.2 and the criteria specified in Section 80092, Restricted Health Conditions.

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507, and 1531, Health and Safety Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-05-0719-10	REGULATORY ACTION NUMBER 05-1129-04C	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2005 NOV 29 PM 4:42

OFFICE OF
ADMINISTRATIVE LAW

FILED
in the office of the Secretary of State
of the State of California

JAN 12 2006

At **1:22** O'clock **P.**M.

NOTICE	REGULATIONS
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services	AGENCY FILE NUMBER (If any) ORD #0305-04

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 05-1129-04C	PUBLICATION DATE 1-29-2005

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Biennial Rate Application Requirement	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 05-0721-02E
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually)	ADOPT
	AMEND Sections 11-400, 11-402, 11-403, and 11-406
	REPEAL
TITLE(S) MPP	

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☐ Emergency (Gov. Code, § 11346.1(b))	☐ Emergency Readopt (Gov. Code, § 11346.1(h))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☐ Print Only	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)
October 26 through November 9, 2005

5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))		
☐ Effective 30th day after filing with Secretary of State	☒ Effective on filing with Secretary of State	☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
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☐ Other (Specify)

7. CONTACT PERSON Alison Garcia, Manager, Office of Regs.	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Alison.Garcia@dss.ca.gov
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8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Robert Sertich

DATE

11/23/05

TYPED NAME AND TITLE OF SIGNATORY

Robert Sertich, Chief Deputy Director

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 4-99) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the

regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number for the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6815.

Amend Section 11-400 to read:

Post-hearing: Amend Section 11-400c.(5) to read:

11-400 AFDC-FOSTER CARE RATES – DEFINITIONS (Continued)

11-400

- a. (1) "Accredited" schools, colleges or universities, including correspondence courses offered by the same, means those educational institutions or programs granted public recognition as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.

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Authorized accrediting agencies include the Accrediting Commission, National Home Study, the Accrediting Bureau of Health Education Schools, the Association of Independent Colleges and Schools, the National Association of Trade and Technical Schools, and the Western Association of Schools and Colleges.

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- (2) "Approved" schools, colleges or universities, including correspondence courses offered by the same, means those approved/authorized by the U.S. Department of Education, Office of Postsecondary Education or by the California Department of Consumer Affairs, Bureau for Private Postsecondary and Vocational Education, pursuant to Education Code Sections 94900 or 94915.
- (3) Assessed/Qualified Child – (Continued)
- (4) Audit Period – (Continued)
- (5) Audit Report – (Continued)
- c. (3) Child Care and Supervision (CCS) - One of the three program components of the standardized rate setting system consisting of the performance of duties identified as child care duties in the employee's duty statement and provided for in Title 22, California Code of Regulations, Division 6, Section 80001(c)(3) and 84065.2(b) unless restricted by the August 30th Report, "FUNDING FROM OTHER SOURCES," page 6.

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Title 22, Section 80001(c)(3) states:

- (c)(3) "Care and Supervision" means any one or more of the following activities provided by a person or facility to meet the needs of the clients:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene.

- (B) Assistance with taking medication, as specified in Section 80075.
- (C) Central storing and/or distribution of medications, as specified in Section 80075.
- (D) Arrangement of and assistance with medical and dental care.
- (E) Maintenance of house rules for the protection of clients.
- (F) Supervision of client schedules and activities.
- (G) Maintenance and/or supervision of client cash resources or property.
- (H) Monitoring food intake or special diets.
- (I) Providing basic services as defined in Section 80001b.(2).

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- (4) Child Care Duties - The duties required of the child care staff as provided for in Title 22, California Code of Regulations, Division 6, Section 84065.2(b) unless restricted by the August 30th Report, "FUNDING FROM OTHER SOURCES," page 6.

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Title 22, Section 84065.2(b) states:

"(b) Child care staff shall perform the following duties: (Continued)

- (5) Until they complete the 8 hours of training as required in Section 84065(i)(1), new child care staff hired on or after July 1, 1999 shall perform the duties as defined in Subsections (1) through (4) above while under visual supervision. (Continued)

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- (5) Child Care Worker - A group home employee, identified as a performing child care ~~worker~~ duties in the employee's duty statement, engaged in providing child care and supervision duties and who meets CCL licensing requirements as specified in Title 22, California Code of Regulations, Division 6. A child care worker in a Community Treatment Facility who meets CCL personnel requirements as specified in Title 22, Division 6, Chapter 5, Section 84165(d) and (e), California Code of Regulations, or who is otherwise deemed to be a child care worker by CCLD. (Continued)
- d. (1) Date of Issuance - (Continued)
- (2) Date of Mailing - (Continued)
- (3) Date of Receipt - (Continued)
- (4) Department - (Continued)

- (5) Direct Contact Contract - (Continued)
- (6) Director - (Continued)
- (7) Due Date - (Continued)
- (8) Duplicate - (Continued)
- e. (2) Emergency Placement - The placement of a child placed prior to determination that the child qualifies as an assessed/qualified child where placement is in a certified group home program classified at RCL 13 or RCL 14. The child must be evaluated by a mental health professional as described in Section 11-400m.(3).
- f. (8) Fiscal Year – Any consecutive 12-month period adopted as the annual accounting period.
 - (A) The state fiscal year begins July 1 and ends June 30 of the following year, unless otherwise specified.
 - (B) A provider may adopt any consecutive 12-month period as its annual accounting period. This period is the same for all accounting and reporting periods. (Continued)
- (15) Full-time Equivalent (FTE) Position - A total of 40 hours for one week or a total of 173 hours for one month filled by one or more employees.

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Example: The ABC group home has five child care workers who work from 15 to 54 hours per week and one full-time first-line supervisor. The combined number of hours they are expected to work in the next 12-month period is 12,636. Divide the hours worked by 2080 (annualized full-time equivalent based on a 40-hour work week) = 6.075 FTE.

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- g. (1) (Continued)
- (3) Group Home Administrator Certificate - A certificate issued by Community Care Licensing (CCL) indicating completion of that program as required in Health and Safety Code Section 1522.41(b)(1). (Continued)
- h. (2) Houseparent - means the consistent, nurturing adult who resides with the family group, provides daily care for no more than three children, and is involved in the long-range planning for those children during the group home placement, and who meets the personnel requirements stated in Title 22, Division 6, Section 84265(d), (f), (g), and (i) and who meets the Community Care Licensing requirements for a child care worker pursuant to Section 11-400c.(5).

- (3) Houseparent Duties - means: (1) teaching social skills, (2) teaching motor skills, (3) teaching self-care skills, and (4) other child care services as defined in Section 11-400(c)(3). (Continued)
- l. (5) Licensed Marriage, Family Therapist - An individual who has been licensed by the California Board of Behavioral Science Examiners to provide marriage and family therapy which may be defined as social work activities or mental health treatment services. (Continued)
- n. (4) New Provider - A sole proprietor, partnership, or corporate entity who has not operated a group home which receives funding from AFDC-FC or severely emotionally disturbed (SED) in the preceding rate period. (Continued)
- o. (2) On-going Rate Request or Rate Application – A foster family agency rate request or a group home program rate application that is submitted by the agency or the provider, according to a schedule determined by the Department, in order to continue receiving an AFDC-FC rate.
- (3) (Continued)
 - (A) For group home programs serving children under six, on-going training provided by group homes to houseparents must include the on-going training described in Title 22, Division 6, Section 84265(i)(3)(A).
- (4) (Continued)
- r. (3) Rate Period – The period for which the AFDC-FC rate is set as specified in Welfare and Institutions Code Section 11462(a)(3)(A) for Group Homes and Welfare and Institutions Code Section 11463(i)(1) for Foster Family Agencies.
- (4) RCL Reduction - (Continued)
- (5) Real Property - (Continued)
- (6) Reasonableness Adjustment - (Continued)
- (7) Repayment Agreement - (Continued)
- (8) Reporting Period – For on-going programs, a provider's preceding two fiscal years. For all other programs, the reporting period shall be a projection of the next rate period.
- (9) Residential Child Care Experience - (Continued)
- s. (5) Social Worker - An individual qualified to perform social work activities who has at least a Master's Degree, from an accredited or state approved graduate school, in social work or social welfare; marriage, family, and child counseling; marriage,

family therapy; child psychology; child development; counseling psychology; clinical psychology; social psychology; Master's Degree with another title, the purpose of which was to train persons to provide social work activities; or a Baccalaureate Degree in social work or social welfare and at least two years of experience in providing social work activities which may include social work activities performed in mental health settings. (Continued)

- t. (2) Training Plan - A prospective fiscal year summary of on-going training to be provided for child care workers, first-line supervisors, and houseparents which shall include at a minimum, a projection of the total staff hours of training, the general subject matter of the anticipated training and any information within the categories listed under "training log" that are known to the provider at the time of application. A group home program's training plan must be submitted to the Department as part of the rate application process. Staff meetings that do not meet the definition of Section 11-400o.(3) shall not be considered training. (Continued)

Authority cited: Sections 10553, 10554, 11460(b), 11462(a)(3)(B), 11462(i) and (j), 11462.06, 11463(i)(2), 11466.1, 11466.21, 11466.22, 11466.5, and 14680, Welfare and Institutions Code; Section 1559.110, Health and Safety Code; and Chapter 1294, Statutes of 1989, Section 23.

Reference: Sections 1200, 1250, 1502(a)(1) and (a)(8), 1502.4, 1502.4(a)(1), (a)(2)(A), and (b), 1530.8, and 1559.110, Health and Safety Code; Section 3353, California Labor Code; Sections 4096, 4096(e)(2), 4096.5, 5600.3(a)(2), 5777, 5778, 10852, 11226, 11228, 11230, 11231, 11232, 11233, 11234, 11235, 11236, 11400(h), 11402.5(a), 11460, 11461.1, 11462, 11462(a)(1), 11462(a)(3), 11462.01(a)(2)(A)(i) and (ii), 11462.01(a)(2)(B)(i), 11462.03, 11463(i)(1), 11466.1, 11466.2, 11466.21, 11466.22, 11466.3, 11466.31, 11466.33, 11466.34, 11467.1 (Assembly Bill 1197, Chapter 1088, Statutes of 1993), 11468, 11468.6, 14680, 16522(a), (b), and (c), and 18350, Welfare and Institutions Code; Section 4980.08, Business and Professions Code; Public Laws 98-502 and 104-156; Assembly Bill 1575, Chapter 728, Statutes of 1997; The Classification of Group Home Program Under the Standardized Schedule of Rate System Report, August 30, 1989, and Title 8, California Code of Regulations, Section 11050; and federal Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; *Government Auditing Standards* of the Comptroller General of the United States (Yellow Book) 1994 Revision, including Amendment No. 1 (May 1999) and Amendment No. 2 (July 1999) Section 4.25 and 4.26; and Department of Health and Human Services, Administration for Children and Families letters dated April 19, 2001, February 22, 2002 and May 7, 2002; American Institute of Certified Public Accountants Statement on Auditing Standards Number 82, Description and Characteristics of Fraud.

Amend Section 11-402 to read:

Post-hearing: Amend Sections 11-402.211(a)(3) and (4), .212(a)(2) and (3), .222 (handbook), .223 (handbook), .234, .31, .34, .413, and .432 to read:

11-402 GROUP HOME RATE SETTING

11-402

.1 Group Home Rate Determination Process – General Overview (Continued)

- .15 The standardized schedule of rates for fiscal years 2002-03, 2003-04, and 2004-05 is specified in Welfare and Institutions Code Section 11462(f)(1).

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Welfare and Institutions Code Section 11462(f)(1) provide:

Rate Classification Level	Point Ranges	Standard Rate FY 2002-03, 2003-04, and 2004-05
1	under 60	\$1,454
2	60- 89	1,835
3	90-119	2,210
4	120-149	2,589
5	150-179	2,966
6	180-209	3,344
7	210-239	3,723
8	240-269	4,102
9	270-299	4,479
10	300-329	4,858
11	330-359	5,234
12	360-389	5,613
13	390-419	5,994
14	420 & up	6,371

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.16 (Continued)

.2 Program Classification

.21 Eligible Hours for Program Components

.211 Child Care and Supervision (CCS)

- (a) Eligible hours of CCS shall be compensated in accordance with the Department of Industrial Relations Title 8, California Code of Regulations, Section 11050, Order Regulating Wages, Hours, and

Working Conditions in the Public Housekeeping Industry and shall be determined by counting paid-awake hours of child care workers (including nurses) and first-line supervisors while performing child care duties. Eligible hours of CCS shall also include the paid-awake hours provided by houseparents (as defined in Section 11-400h.(2)) serving children under six while performing houseparent duties in a group home, and Community Treatment Facility licensed nursing staff performing CCS duties in a Community Treatment Facility. (Continued)

- (3) No more than 54 hours per week per individual child care worker, Community Treatment Facility licensed nursing staff, houseparent and individual first-line supervisor for any program(s) shall be projected on any Program Classification Report(s), SR 2, Column 2, line 16.
- (4) More than 54 hours per week per individual child care worker, Community Treatment Facility licensed nursing staff, houseparent and individual first-line supervisor for any program(s) may be reported on any SR 2(s), Column 2, lines 1 through 12 when: (Continued)

.212 Social Work Activities

- (a) Eligible hours of social work activities shall be compensated in accordance with the Department of Industrial Relations Title 8, California Code of Regulations, Section 11050, Order Regulating Wages, Hours, and Working Conditions in the Public Housekeeping Industry and shall be determined by counting the paid-awake hours of social work activities performed by social workers. For group home programs serving children under six, eligible hours of Social Work activities must be provided by a Social Worker with a minimum educational level of a Masters Degree in a behavioral science and no more than twelve cases in a caseload. (Continued)
- (2) No more than 54 hours a week per individual social worker for any program(s) shall be projected on any SR 2(s), Column 2, line 16. (Continued)
- (3) More than 54 hours a week per individual social worker for any program(s) may be reported on any SR 2(s), Column 5, lines 1 through 12 when: (Continued)

.22 Weightings for Program Component Hours

.221 Child Care Supervision (CCS) Weightings (Continued)

(c) Residential Child Care Experience

- (1) Each child care worker, houseparent and first-line supervisor shall receive additional weighting for previous paid-awake experience in residential child care specified in Section 11-400r.(7) as follows.
(Continued)

(d) Formal Education (Continued)

- (1) (Continued)

(A) An Associate of Arts or Science Degree that requires less than 60 units for completion; or

(B) A certificate in a subject directly related to child care that requires less than 60 semester hours but more than 20 semester hours in courses that deal with child related subjects; or (Continued)

(e) On-Going Training

- (1) Each eligible hour of CCS shall receive an additional weighting of 0.10 when an average of 40 or more hours of on-going training per full-time equivalent (FTE) position per year is provided. See definition of on-going training at Section 11-400o.(3).

- (2) (Continued)

(B) (Continued)

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Example: The ABC group home has five child care workers who work from 15 to 54 hours per week and one full-time first-line supervisor. The combined number of hours they are expected to work in the next 12-month period is 12,636. Divide the hours worked by 2080 (annualized full-time equivalent based on a 40-hour work week) = 6.075 FTE. Multiply the 6.075 FTE by 40 hours = 243 hours of training the provider must provide for all eligible CCS hours to be weighted by the additional 0.10.

(Continued)

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- (3) (Continued)

- (A) All training required by Community Care Licensing (CCL) for child care workers as specified in Title 22, Division 6, Sections 84065(i) and (j) and 80065(e)(2).

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Sections 84065(i) and (j) states in part: "...child care staff (shall be required) to receive...a minimum of 20 clock hours of continuing education during the first 18 months of employment and during each three years thereafter."

(Continued)

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(B) (Continued)

- (C) For houseparents in group home programs serving children under six all of the training required in Section 11-400o.(3)(A). (Continued)

.222 Social Work Activities Weightings

(a) (Continued)

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The August 30th Report states in part:

"(1) Licensed Clinical Social Worker (LCSW)	2.5
(2) Licensed Marriage, Family and Child Counselor (LMFCC)	2.5
(3) Master's of Social Work (MSW) (60 units)	2.0
(4) Master's of Science in Counseling (MSC) (60 units)	2.0
(5) Master's (30 units) in a discipline which would enable the individual to sit for the LMFCC or LCSW exam.	1.75
(6) Bachelor of Social Work (BSW) with at least two years of full-time equivalent experience.	1.5"

Pursuant to changes in Section 4980.08 of the Business and Professions Code added by Statutes of 1998, Chapter 108, Section 1, ~~subsection 4980.08~~, "(a) The title 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' is hereby renamed 'licensed marriage and family therapist' or 'marriage and family therapist' respectively. Any reference in any statute or regulation to a 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' shall be deemed a reference to a 'licensed marriage and family therapist' or 'marriage and family therapist'".

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(b) (Continued)

.223 Mental Health Treatment Services Weightings

(a) (Continued)

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The August 30th Report, states in part:

"(1) Psychiatrist	5.0
(2) Psychologist	5.0
(3) Licensed Clinical Social Worker (LCSW)	2.5
(4) Licensed Marriage, Family and Child Counselor (LMFCC)	2.5"

Pursuant to changes in Section 4980.08 of the Business and Professions Code added by Statutes of 1998, Chapter 108, Section 1, ~~subsection 4980.08~~, "(a) The title 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' is hereby renamed 'licensed marriage and family therapist' or 'marriage and family therapist' respectively. Any reference in any statute or regulation to a 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' shall be deemed a reference to a 'licensed marriage and family therapist' or 'marriage and family therapist'".

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(b) (continued)

.23 Point Computation (Continued)

- .234 Providers shall report the actual number of mental health treatment services points per program, per month, for each program on an SR 2 ~~(Rev.)~~.
(Continued)
- .236 The RCL shall be determined by comparing the program's points to the table of standardized schedule of rates in Section 11-402.15.
- .237 The projected points shall be the average for the level of care and services to be provided over the reporting period.
- .238 The reported points shall be the actual number of points in each month which represent the level of care and services provided over the reporting period.

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An example of a group home program point computation: (Continued)

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.3 On-Going Group Home Program Rate Application Process

- .31 Each provider shall submit to the Department a completed rate application as specified in Sections 11-402.35 through 11-402.3589, as appropriate, for each program as scheduled by the Department in order to receive a rate for that program. The rate application shall contain a statement that the signatory understands that the information contained in the document is correct to the best of their knowledge and that submission of false or misleading information may be prosecuted as a crime. Additionally, each provider shall submit to the Department any changes to the documentation listed in 11-402.35 that may have occurred during the biennial rate period. These changes must be submitted no later than 30 days of the date of change. Failure to do so may result in rate termination in accordance with 11-402.393.
- .32 The due date for on-going rate applications shall be according to a schedule determined by the Department. The Department shall provide prior written notice of the scheduled due date. (Continued)
- .34 The effective date of the rate shall be the first day of the second full month following the rate application due date.

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Example: Due date is January 1

- January is not counted

- First day of second full month following January is March

Effective date is March 1

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.35 A complete rate application with no program changes shall include: (Continued)

.352 A complete Program Classification Report, (SR 2); and a complete Group Home Program Days of Care Schedule, (SR 5) for the provider's preceding two fiscal years (reporting period).

.353 A copy of:

- (a) The current license issued by CCL in accordance with Title 22, California Code of Regulations, Division 6, for each facility. If the license is provisional, submit a copy of the permanent license when received and
- (b) The group home administrator certificate issued by CCL as defined in Section 11-402; or if not available, proof of submittal of processing fee and training certificate to CCL.
- (c) The organization's tax exempt status letter from either the Internal Revenue Service (IRS) or the California Franchise Tax Board designating the provider as tax exempt; if any changes have occurred since submission of the last tax exempt status letter; and,
- (d) An endorsed copy of the group home organization's Articles of Incorporation, filed with the California Secretary of State, if any changes have occurred since submission of the last Articles of Incorporation, demonstrating the organization: (Continued)
- (e) A copy of any initial or amended Statement of Information filed with the California Secretary of State.
- (f) A complete listing of the corporation's Board of Directors to include full names, titles, mailing addresses and phone numbers.

.354 A declaration signed by the group home's board of directors that the organization will operate during the rate period in the public interest for scientific, education, service or charitable purposes; is not organized for profit making purposes; and uses its net proceeds to maintain, improve or expand its operations.

- (a) The group home provider shall immediately notify the Department if the group home ceases to operate on a nonprofit basis, becomes inactive, suspended, or otherwise is not in good standing with the California Secretary of State.
- 355 The group home training plan projected for the providers rate period or for providers with programs classified at RCL 13 or 14 who opt for the management of assaultive behavior training, the information required in Section 11-402.221(e)(7);
- 356 (a) A certification by the provider that all information contained in the program statement previously submitted remains current with no changes; and
- (b) If the previously submitted program statement no longer reflects the provider's current program, the provider shall submit an updated version of the program statement or addendum to the Department.
- .357 In addition to the items in Sections 11-402.351 through .356, a group home program classified at RCL 13 or RCL 14 shall submit: (Continued)
- .358 A copy of the current lease(s) or rental agreement(s) if not previously submitted.
- .359 A declaration signed by the group home's board of directors that during the rate period the organization will not incur shelter costs resulting from a self-dealing transaction as defined in Nonprofit Corporation Law, Title 1, Division 2, Section 5233, California Corporations Code.
- .36 If all the required documents necessary to the actual setting of rates have been received, but additional documentation is needed, the rate request shall be considered complete if the remaining documentation is postmarked within 30 days after notification by the Department.
- .37 The Department's good cause procedures shall be as follows:
- .371 Providers unable to submit a complete rate application by the due date shall be allowed to submit in writing, a request for a determination of good cause as defined in Section 11-400g.(1) which shall be postmarked no later than five (5) calendar days following the application due date. (Continued)
- .372 Within 15 calendar days of the postmarked date of the request for a determination of good cause, the Department shall make a determination of good cause and shall notify the provider in writing of the determination.

- (a) When the Department approves a request for good cause for a late or incomplete filing of an application, a complete application is due within 30 days of the postmark of the Department's approval notification or 30 days after the original application due date, whichever is later.

- (1) For complete applications submitted in accordance with Subsection (a), the effective date of the rate shall be in accordance with Section 11-402.34.

- (2) Applications which are incomplete or are not submitted in accordance with Subsection (a) shall be subject to the penalties in Section 11-402.38. (Continued)

.38 The Department's penalty procedures for late or incomplete applications shall be as follows:

.381 (a) Applications not submitted on or before the due date and applications that are incomplete are considered late applications.

- (b) The rates for late applications are subject to a monetary penalty equal to three (3) percent of the rate.

- (c) The rate is subject to the penalty for the number of months the application was late beginning on either the rate effective date or the date the rate is reinstated if terminated.

- (d) The rate is subject to termination if the complete application is not received on or before the rate effective date.

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Example: Application is due January 1 and rate is effective March 1; if the application is late but completed in January, the rate is penalized for one month in the month of March.

Application is due January 1 and rate is effective March 1; if the application is late but completed in February, the rate is penalized for two months in the months of March and April.

Application is due January 1 and rate is effective March 1; if the application is not completed by March 1, the group home program shall be subject to the rate termination process as specified in Section 11-402.393 for failure to submit a complete rate application prior to the rate effective date. Once reinstated, the rate is penalized for the number of months late beginning in the month reinstated.

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.39 (Continued)

.4 Deviations from On-going Group Home Program Rate Setting

.41 New Program

.411 An initial rate application from an existing provider for a new program shall include all required forms and information listed in Sections 11-402.351 through 11-402.358, the FCR 16, Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey, and the Group Home Program Cost Report (SR 3) with projected cost data with the following additional requirements: (Continued)

.413 The Department shall establish the provisional rate based on the projected RCL for a group home program using data submitted by the provider in the initial rate application specified in Sections 11-402.351 through 11-402.3589.

.414 The Department may request additional information to complete the initial rate application process in accordance with Sections 11-402.437(a) through 11-402.437(c). (Continued)

.42 New Provider

.421 A new provider shall be as defined in Section 11-400n.(4).

(a) For foster care group home rate setting purposes, a new provider shall not be any of the following: (Continued)

(4) A provider who fails to submit a rate application for an on-going program. (Continued)

.422 An initial rate application from a new provider shall include all required forms and information listed in Sections 11-402.351 through 11-402.358, and FCR 16, Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey, as appropriate, with the following additional requirements: (Continued)

(b) The Group Home Program Cost Report (SR 3) shall be completed identifying projected data for the rate period. (Continued)

.426 The Department shall establish the provisional rate based on the projected RCL for a group home program using data submitted by the provider in the initial rate application specified in Sections 11-402. 351 through 11-402.3589.

.427 The Department may request additional information to complete the initial rate application process in accordance with Sections 11-402.437(a) through (c).

.43 Program Changes

.431 A program change shall be as defined in Section 11-400p.(7). (Continued)

(c) The Department shall: (Continued)

(2) For purposes of (c)(1) the Department may request additional information to complete the program change application process in accordance with Sections 11-402.437(a) through (c). (Continued)

.432 An application for an RCL change or a program change shall include:

(a) A complete Group Home Program Rate Application, (SR 1).

(b) A complete Program Classification Report, (SR 2). (Continued)

(e) The current license issued by CCL in accordance with Title 22, California Code of Regulations, Division 6, for each facility.

(f) A copy of the current lease or rental agreement if not previously submitted, and an FCR 16, Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey.

(g) Any changes to the documentation listed in Section 11-402.35 that may have occurred during the biennial rate period. These changes must be submitted to the Department no later than 30 days of the date of change. Failure to do so may result in rate termination in accordance with Section 11-402.393. (Continued)

.435 For a complete rate application, the effective date of the rate for program changes, by the type of change, shall be: (Continued)

(b) For the RCL which is changing: (Continued)

(2) For an increase in RCL, the effective date of the provisional rate shall be the later of the provider's proposed effective date on the Group Home Program Rate Application, SR 1 submitted for the program change or 30 days after the postmark on the program change application. For an increase in RCL, the effective date of the rate, whether it will maintain or decrease the provisional rate, shall be the first of the month following the date of the issuance of the Department's program audit report.

- (c) For changes affecting more than one program operated by one or different providers, the effective date of the provisional rate shall be the later of the provider's proposed effective date on the SR 1 form(s) or 30 days after the postmark on the program change application(s). The effective date of the rate, whether it will maintain or decrease the provisional rate, shall be the first of the month following the date of the issuance of the Department's program audit report. (Continued)

.437 For an incomplete rate application the date of the rate shall be:

- (a) If the Department determines that a rate application is incomplete, the group home provider shall be allowed to submit additional information to complete the rate application. The due date for the additional information shall be 30 days from the postmark date of the Department's request for additional information.
- (b) The effective date of the rate for a group home provider who initially submits an incomplete rate application shall be the postmark date or the date the additional information is hand-delivered to the Department but not earlier than the effective date specified in Sections 11-402.412 and 11-402.424.
- (c) A group home provider who does not submit the additional information requested by the Department shall not be eligible to have a rate established for the group home program for which the rate application was submitted.

.44 Programs Classified at RCL 12 or Below Which Fail to Maintain the RCL

- .441 A group home provider who self-reports information in any rate application that results in a failure to maintain its RCL shall be subject to the provisions of Section 11-402.443. For programs classified at RCL 13 or RCL 14 refer to Section 11-402.46. (Continued)

.45 Program Reinstatement/Rescission

- .451 A program reinstatement is a process to re-establish a program that has been terminated as specified in Sections 11-402.38, 11-402.39, 11-402.524, 11-402.525, 11-402.526, 11-402.527, 11-402.668, 11-402.669, and 11-405.217 through .219. A program shall be reinstated when the Department determines that all appropriate requirements specified in Sections 11-402.3, 11-402.667, and 11-405.2 have been met. For programs classified at RCL 13 and RCL 14, all requirements as specified in Section 11-402.181 must be met. (Continued)

- .453 The rate shall be set, based on the current rate of the RCL in which the program is reinstated per Section 11-402.34.

.454 The Department may rescind a program termination up to the date of termination as stated in the termination letter to the provider.

(a) All penalties as specified in Section 11-402.38 shall apply.

(b) No rescission will be granted if the program is subject to Section 11-402.664. (Continued)

.5 Program Audits

Any non provisional audit conducted on programs that have not been established on a biennial basis shall be conducted in accordance with the regulations in effect on January 1, 2005.

.51 (Continued)

.512 The purpose of program audits shall be to determine if the program's projected RCL was or was not maintained

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Beginning January 1, 1994, unless otherwise specified in law, a program audit will follow the field work standards contained in the "Field Work Standards for Performance Audits" section of "Government Auditing Standards" by the Comptroller General of the United States, United States General Accounting Office.

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.513 Noncompliance by the Department with the "Field Work Standards for Performance Audits" section of the "Government Auditing Standards" by the Comptroller General of the United States, United States General Accounting Office, shall not preclude or bar the Department from sustaining or collecting actual overpayments, or otherwise invalidate an audit report.

.52 Providers shall maintain program records for a minimum of five years and make them easily accessible to any Departmental staff conducting program audits. Program records to be maintained include, but are not limited to the following: (Continued)

.524 A group home provider shall provide or allow the Department access to group home program records needed to establish a rate pursuant to a rate application in accordance with Sections 11-402.3 and 11-402.4, conduct a program audit in accordance with Section 11-402.5, enable the Department to collect an overpayment in accordance with Section 11-402.6, evaluate cost data reported

by group home providers in accordance with Section 11-402.8, or conduct a fiscal audit in accordance with Section 11-405.1. (Continued)

.525 (Continued)

- (a) A group home provider who does not provide immediate access to the Department under Section 11-402.525 shall have its rate terminated. (Continued)

.526 (Continued)

- (c) A completed Group Home Program Days of Care Schedule - SR 5 shall be submitted on a monthly basis.
- (d) A group home provider who does not provide the Department with the requested information shall have its rate terminated. In such cases, the following requirements shall be met prior to the termination of a group home program rate: (Continued)

.53 Conducting Program Audits

.531 Program audits of on-going program with no program changes during the audit period shall be conducted by reviewing the provider's report of the actual RCL and program information for the audit period.

(b) The Department shall:

- (1) For group home programs classified at RCL 12 or below, or for programs classified at RCL 13 or 14 when an audit was conducted prior to September 14, 1992, select and review for accuracy no fewer than two months plus the most current completed month of operation, of reported data for each provider-fiscal year of the audit period.
- (2) Recompute the actual eligible hours, weightings, and program points as specified in Sections 11-402.211 through .238 to determine reporting accuracy.
- (3) (Continued)
- (4) (Continued)
- (5) (Continued)

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Welfare and Institutions Code Sections 11462.01(d), (d)(1), and (d)(2) state the following: (Continued)

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(6) (Continued)

- (c) The Department shall determine whether or not children in placement in a group home program, classified at RCL 13 or 14, are assessed/qualified children, as defined in Section 11-400a.(1). (Continued)

.55 Corrective Action (Continued)

.552 (Continued)

- (c) Program Classification Report - SR 2;
- (d) Child Care and Supervision Component Program Worksheet - SR 2A;
- (e) Social Work Component Program Worksheet - SR 2B; and
- (f) Mental Health Component Program Worksheet - SR 2C.

.56 Audit Adjustment Process

.561 (Continued)

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Welfare and Institutions Code Section 11466.2(b)(2) states the following:

"(2) The department shall modify the amount of the overpayment pursuant to paragraph (1) in cases where the level of care and services provided per child in placement equals or exceeds the level associated with the program's RCL. In making this modification, the department shall determine whether services other than child care supervision were provided to children in placement in an amount that is at least proportionate on a per child basis to the amount projected in the group home's rate application. In cases where these services are provided in less than a proportionate amount, staffing for child care supervision in excess of its proportionate share shall not be substituted for non-child care supervision staff hours."

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.562 The Department shall adjust its audit report of a group home program audit conducted pursuant to Sections 11-402.5 and 11-402.6 and adjusted in accordance with Section 11-402.561 if all of the following requirements are met: (Continued)

(b) The group home program hours for social work activities and mental health treatment services provided to children in placement shall be provided on a proportional per child basis to the amount originally projected in a group home program's on-going rate application request, new program application request, program change application request, corrective action application request, or a program reinstatement application request; (Continued)

(d) In order to qualify for an audit adjustment, a group home provider shall provide, at a minimum, the level of care and services projected on line 16 of the Program Classification Report (SR 2), per child per month, for children actually in placement, in each of the service components of child care and supervision, social work activities, and mental health treatment services. (Continued)

.6 Overpayments (Continued)

.62 (Continued)

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Example: A provider submits an application indicating an RCL of five. The Department verifies the projected RCL five. A clerical error is made in the notification letter to the provider indicating the projected RCL is seven. In this situation, the provider is aware or should reasonably be aware that his/her program is only an RCL five. If the provider fails to notify the Department of the discrepancy, an overpayment shall be generated.

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.623 The provider's on-going group home program rate application is submitted late and/or incomplete. (Continued)

.624 (Continued)

.625 (Continued)

.626 (Continued)

.627 (Continued)

.628 (Continued)

.63 Overpayments shall be determined by:

.631 The provider reporting information to the Department related to the on-going group home program rate application, new program and RCL changes.
(Continued)

.633 The Department verifying through a fiscal audit that a group home provider expended AFDC-FC program funds on items not listed in Section 11460(b) of the Welfare and Institutions Code (see handbook example at Section 11-402.82) or Section 11-402.826 or on items listed in Section 11-402.825.
(Continued)

.64 Overpayment Processing: (Continued)

.642 The beginning date of an overpayment shall be the earlier of:

(a) The first day of the provider's fiscal year within the audit period for an on-going program, or (Continued)

.643 (Continued)

(g) (Continued)

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Example: The actual average RCL is one RCL below the projected average RCL. A provider has a six-bed facility with an average of five actual occupancy. Projected RCL for FY(s) 90-91 and 91-92 is RCL 6, point range 180-209. The following are the actual monthly points generated by the provider: (Continued)

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.66 Overpayment Collection (Continued)

.663 The Department shall allow a group home provider who owes either a self-reported or sustained overpayment to repay the overpayment amount through a repayment agreement, as defined in Section 11-400r.(7). The repayment agreement shall be entered into within 30 days from the date of a sustained overpayment or 30 days from the postmark date of a letter notifying a group home provider of a self-reported overpayment and shall contain all of the following terms:

- (a) The overpayment amount plus interest in accordance with Section 11-400r.(7) shall be repaid within 9 years from the date the repayment agreement is effective:

- (1) The overpayment amount shall become due and payable in accordance with Section 11-400o.(4).
- (2) (Continued)

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Welfare and Institutions Code Section 11466.25 states the following:

"Interest begins to accrue on a group home provider overpayment on the date of the issuance of the final audit report."

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- (b) (Continued)
- (c) The minimum monthly repayment amount to be used for a repayment period not to exceed 9 years for the overpayment amount including interest shall be 3 percent of the program's monthly income. The interest shall be based on the following: (Continued)
- (3) The interest rate is fixed using the Surplus Money Investment Fund rate in effect on the date interest begins to accrue in accordance with Welfare and Institutions Code 11466.25. (Continued)
- (f) (Continued)
- (2) A group home provider may choose one of the following options to ensure that the requirement in Section 11-402.663(f)(1) is met. (Continued)

.664 (Continued)

- (a) (Continued)

- (1) The overpayment amount shall become due and payable in accordance with Section 11-400o.(4). (Continued)

.667 (Continued)

- (a) On-going rate applications shall not be approved for any group home provider under either of the following circumstances: (Continued)

.669 A group home provider that has a rate terminated under Section 11-402.668 shall have the rate terminated in accordance with Sections 11-402.393 and 11-402.394. (Continued)

.8 Cost Reporting (Continued)

.82 Allowable Costs

Reported costs shall be actual allowable and reasonable as defined in federal statutes and regulations including 45 CFR, Part 74 and 45 CFR, Part 1356 in addition to other costs listed in Sections 11-402.821 and .822.

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Actual allowable and reasonable costs as defined in 45 CFR, parts 74 and 1356 state in part: (Continued)

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.821 (Continued)

.822 (Continued)

.823 The reasonable, lease or rental costs for real property.

.824 The reasonable cost incurred for vehicle and equipment leases as if owned by the provider as described in Section 11-402.827(b). (Continued)

.825 Costs that are not allowable shall include, but not be limited to, the following: (Continued)

- (i) The cost of more than one appraisal per year per facility; the cost of an appraisal performed by an appraiser deemed by the Department not to be a qualified, professional appraiser meeting the standard specified in Section 11-402.827(a)(1)(A)(ii); and the cost of appraisals performed under a less-than-arms-length agreement or by a person or persons employed by, under contract with for purposes other than performing appraisals, or having a material interest in any group home which receives AFDC-FC funds. (Continued)
- (l) Except as provided in Welfare and Institutions Code 11462.06(d)(1), commencing July 1, 2003, self-dealing lease transactions for shelter costs are not eligible for an AFDC-FC rate.

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Welfare and Institutions Code 11462.06(d)(1) states:

"Commencing July 1, 2003, any group home provider with a self-dealing lease transaction for shelter costs, as defined in Section 5233 of the Corporations Code, shall not be eligible for an AFDC-FC rate."

Welfare and Institutions Code 11462.06(d)(2) states:

"Notwithstanding paragraph (1), providers that received an approval letter for a self-dealing lease transaction for shelter costs during the 2002-03 fiscal year from the Charitable Trust Section of the Department of Justice shall be eligible to continue to receive an AFDC-FC rate until the date that the lease expires, or is modified, extended, or terminated, whichever occurs first. These providers shall be ineligible to receive an AFDC-FC rate after that date if they have entered into any self-dealing lease transactions for group home shelter costs."

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.826 Cost Components. The nine cost group definitions are as follows:

- (a) CCS. All costs related to the hours of CCS reported in the Program Classification Report (SR 2) are to be reported. These include functions of day-to-day care of the child that would be considered ordinary parental duties and supervision of the caregiver. Do not include social work activities. Include payroll, payroll taxes and employee benefits. Include contract costs if a child care worker is under contract.
- (b) Social Work Activity. All costs related to the direct social work services described in Sections 11-400s.(4) and 11-402.212, including but not limited to, payroll, payroll taxes, employee benefits, and contract costs, if a social worker is under contract. (Continued)
- (i) Administration. The costs necessary for the on-going administration and support functions of the organization include, but are not limited to, administration payroll; contracts; telephone; postage and freight; office supplies; administrative travel; conferences; meetings; in-service training; memberships; subscriptions; dues, printing and publications; bonding; general insurance; organizational costs; advertising; recruiting; and miscellaneous.

.827 (Continued)

- (a) (Continued)

(1) (Continued)

(B) Shelter costs for the purpose of the limit specified in Section 11-402.827(a) shall include, but not be limited to, the following: (Continued)

(b) (Continued)

(2) Except as provided in Section 11-402.827(b)(1), the total annual costs for vehicles may include the reasonable costs of purchasing or leasing and operating group home vehicles, including such costs as: depreciation, insurance, fuel, maintenance and repairs, license fees, taxes, and reimbursements to employees for business use of their personal vehicles. (Continued)

Authority cited: Sections 10553, 10553(e), 10554, 11460(b), 11462, 11462(a)(3), 11462(j), 11462.06, 11466.1, 11466.2, and 11466.21, Welfare and Institutions Code and Chapter 1294, Statutes of 1989, Section 23.

Reference: Sections 1502(a)(1), 1502.4(b), and 1530.8, Health and Safety Code; Section 3353, California Labor Code; Sections 366, 4096.5, 4096.5(a), (c), (c)(1), and (2), and (d), 10852, 11226, 11228, 11230, 11231, 11232, 11233, 11235, 11236, 11400(h), 11402.5(a), 11460, 11460(b)(1), 11462, 11462(a)(1), (a)(2) and (a)(3), 11462(d), 11462(e)(3), 11462(g)(14), 11462(i)(1)(B), 11462.01(a), (a)(1), (2), and (3), 11462.01(b), 11462.01(d), (d)(1) and (2), 11462.01(e), 11462.01(f)(1), (2), and (3), 11462.01(g)(1), (2), (3), and (4), 11462.01(h), 11462.01(i)(1), (2), and (3), 11462.01(j), 11462.03, 11462.06(d)(1) and (d)(2) (Senate Bill 1104, Chapter 229, Statutes of 2004), 11466.1, 11466.2, 11466.2(b)(2), 11466.3, 11466.4, 11466.22, 11466.25, 11466.31, 11466.32, 11466.33, 11466.34, 11466.35, 11466.36, 11467, 11467.1 (Assembly Bill 1197, Chapter 1088, Statutes of 1993), 11468 through 11468.6, 16522(a) and (b), 16501.1(d), and 18350, Welfare and Institutions Code; Sections 1502(a)(1) and (a)(8), Health and Safety Code; Section 4980.08, Business and Professions Code; Assembly Bill 1575, Chapter 728, Statutes of 1997; Public Laws 98-502 and 104-156; The Classification of Group Home Programs Under the Standardized Schedule of Rate System Report, August 30, 1989; Title 8, California Code of Regulations, Section 11050, and Title 1, Division 2, Section 5233, California Corporations Code; and federal Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; Government Auditing Standards of the Comptroller General of the United States (Yellow Book); Department of Health and Human Services, Administration for Children and Families letters dated April 19, 2001, February 22, 2002 and May 7, 2002; and the Internal Revenue Code Section 4958.

Amend Section 11-403 to read:

Post-hearing: Amend Sections 11-403(b) and (f)(2)(A) to read:

11-403 FOSTER FAMILY AGENCY RATES

11-403

(a) Rate Determination Process

(1) (Continued)

- (B) The rate for a foster family agency program which does not provide treatment services shall be the foster family agency basic rates as specified in Section 11-403(d)(1)(B). (Continued)

- (b) Rate Ceilings – Rate ceilings are pursuant to Welfare and Institutions Code Sections 11461(a)(2) and 11463.

(c) (Continued)

(d) Rate Calculation

- (1) The rate shall consist of the sum of the following amounts per month per child:

- (A) The foster family agency basic rate as specified in Section 11-403(d)(1)(B), plus an additional increment for the child of \$210;

- (B) The following FFA Basic Rates are effective July 1, 2001.

Age	0-4	5-8	9-11	12-14	15-19
FFA Basic Rate	414	450	479	533	580

- (C) The amount of \$329 for social work services, or the actual allowable amount for the most recent program fiscal year reported by the provider, whichever is less;
- (D) An amount equal to two-thirds of the sum of (A), (B) and (C) above for recruitment, training, and administration. Effective January 1, 2000, two-thirds shall equal .667.

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EXAMPLE: The total rate for a 12-year-old child for FY 01-02 would be computed as follows:

Basic rate	\$ 533
Increment for child	210
Social work services	<u>329</u>
	\$1,072

Take two-thirds (.667) times the subtotal:

$$.667 \times 1,072 = 715$$

The recruitment, training, and administration amount would be \$715; the total rate would be \$1,787 (\$1,072 + \$715).

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(e) (Continued)

(f) On-going Foster Family Agency Rate Request Process (Continued)

(1) Rate Request Submission (Continued)

(B) A rate request shall be considered complete when all required forms, program statement, and other supporting documentation have been completed and submitted to the Department.

1. If all the required forms necessary to the actual setting of rates have been submitted, but additional documentation is needed, the rate request shall be considered complete if the foster family agency submits the remaining documentation within 30 days after notification by the Department.

A complete rate request shall include:

- a. A complete Foster Family Agency –Data and Certification Sheet (FCR 1FFA);
- b. A complete Program Description Checklist (FCR 2FFA);
- c. A complete Days of Care Schedule (FCR 3FFA) for the rate period;
- d. A copy of the license issued by CCL in accordance with Title 22, Division 6, of the California Code of Regulations, for each foster family agency, when received;
- e. The organization's tax exempt status letter from either the Internal Revenue Service (IRS) or the California Franchise Tax Board

designating the provider as tax exempt; if any changes have occurred since submission of the last tax exempt status letter;

- f. An endorsed copy of the agency's Articles of Incorporation, filed with the California Secretary of State, if any changes have occurred since submission of the last Articles of Incorporation, demonstrating the organization:
 - (i) Operates in the public interest for scientific, education, service or charitable purposes;
 - (ii) Is not organized for profit making purposes; and
 - (iii) Uses its net proceeds to maintain, improve or expand its operations.
 - g. A declaration signed by the non profit corporations' Board of Directors that the non profit corporation will operate during the rate period in the public interest for scientific, education, service or charitable purposes; is not organized for profit making purposes; and uses its net proceeds to maintain, improve or expand its operations;
 - (i) The provider shall immediately notify the Department if the non profit corporation ceases to operate on a non profit basis.
 - (ii) The provider shall immediately notify the Department whenever the non profit corporation becomes inactive, suspended, or otherwise is not in good standing.
 - h. A copy of the credentials demonstrating that each social worker providing services for the program meets the requirement specified in the Health and Safety Code Section 1506, if not submitted with a previous rate request.
- (C) A complete rate request shall be due according to a schedule determined by the Department. The Department shall provide reasonable written notice of the scheduled due date.
- 1. A foster family agency that does not submit a complete rate request by the rate effective date shall not have a rate set for the new rate period, and shall not be eligible to receive AFDC-FC funds 60 days after the rate effective date.
- (D) Exceptions to these due dates shall be as specified in Section 11-403(g).

(2) Effective Date of Rates

- (A) The effective date of the rate shall be the first day of the second full month following the rate request due date.

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Example: Due date is January 1

- January is not counted
- First day of second full month following January is March

Effective date is March 1

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- (B) Exceptions to the effective dates of rates shall be as specified in Section 11-403(g).

(3) Penalty Procedures

The Department's penalty procedures for late or incomplete rate requests shall be as follows:

- (A) Rate requests not submitted on or before the due date and rate requests that are incomplete are considered late rate requests.
- (B) The rates for late requests are subject to a monetary penalty equal to three (3) percent applied to the agency's administrative rate component of the rate per child.
- (C) The rates are subject to the penalty for the number of months the rate request was late beginning on either the rate effective date or the date the rate is reinstated if the rate expired or is terminated.
- (D) The foster family agency program shall be subject to expiration of the rate in accordance with Section 11-403(f)(1)(C)1. for failure to submit a complete rate request prior to the rate effective date.

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Example: Rate request is due January 1 and rate is effective March 1; if the rate request is late but completed in January, the administrative component of the rate per child is penalized for one month in the month of March.

Rate request is due January 1 and rate is effective March 1; if the rate request is late but completed in February, the administrative component of the rate per child is penalized for two months in the months of March and April.

Rate request is due January 1 and rate is effective March 1; if the rate request is not completed by March 1, the foster family agency program shall be subject to the rate termination process as specified in Section 11-402.393 for failure to submit a complete rate application prior to the rate effective date. Once reinstated, the administrative component of the rate is penalized per child for the number of months late beginning in the month reinstated.

The total rate for a 12-year old child would be computed as follows:

Basic rate	\$ 533
Increment for child	210
Social Work services	<u>329</u>
Total	\$1,072

Take two-thirds (.667) times the subtotal: $.667 \times \$1,072 = \715
 $\$1,072 + \$715 = \$1,787$

PENALTY APPLIED:

Take three (3) percent of \$715 ($\$715 \times .03 = \21.45)
 $\$715 - \$21.45 = \$693.55$

The amount for the administrative component is reduced \$21.45 per child per month. The total rate is \$1,765.55 ($\$1,072 + \693.55). This reduced amount will be paid for the number of months late. For the remaining ongoing rate period, the full rate will be paid for each child.

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(4) Rate Reestablishment

- (A) A rate reestablishment is a process to reestablish a foster family agency program rate for the remainder of the scheduled rate period that could not be established in accordance with Section 11-403(f)(1)(C)1. or was terminated for failure to submit a financial audit report as specified in Section 11-405.219. A program rate shall be reestablished when the Department determines that all applicable rate request requirements have been met.

1. The effective date of the rate for a complete rate request shall be no earlier than the first day of the second month following the rate request due date.
2. The rate shall be set, based on the lesser of:
 - (i) the provider's most recent rate minus three (3) percent of the administrative rate component per child per month for the number of months a rate request is incomplete or late; or
 - (ii) the current Foster Family Agency Schedule of Rates minus three (3) percent of the administrative rate component per child per month for the number of months a rate request is incomplete or late. (Continued)

(g) Deviations from the Ongoing Foster Family Agency Rate Request Process

(1) New Foster Family Agency Providers (Continued)

(B) The rate for new foster family agency providers shall be determined in accordance with Section 11-403(a)(1).

1. The rate effective date for a new provider or a new program shall be the later of the:
 - a. date the Department received a complete rate request as specified in Section 11-403(f)(1)(B); or
 - b. date the license was issued; or
 - c. date of first placement (Continued)

(l) Good Cause for Late Foster Family Agency Rate Request

- (1) A provider who is unable to submit a complete rate request by the due date shall be allowed to submit in writing a request for a determination of good cause as defined in Section 11-400g.(1). The good cause request shall be postmarked not later than five (5) calendar days following the rate request due date and shall contain the following: (Continued)
- (2) Within 15 calendar days of the postmarked date of a provider's request for a 30-day good cause extension, the Department shall either approve or deny the request and shall notify the provider in writing of the determination.
 - (A) When the Department approves a request for good cause for a late or incomplete filing of a rate request, a complete rate request is due within 30

days of the postmark of the Department's approval notification or 30 days after the original rate request due date, whichever is later.

- (B) Rate requests which are not submitted in accordance with Subsection (A) shall be subject to the appropriate penalty contained in Section 11-403(f)(3).
- (C) When the Department denies a good cause request, the provider shall submit a complete rate request prior to the first of the next calendar month and shall be subject to the applicable penalty provisions as specified in Section 11-403(f)(3). The effective date of the rate shall be set in accordance with Section 11-403(f)(1)(B).

Authority cited: Sections 10553, 10554, 11460(b), 11462(a)(3), 11463, and 11466.21, Welfare and Institutions Code.

Reference: Sections 11461(a), 11462(a)(3), 11463, 11463(i), 11466.21, 11466.22, 11466.24, 11468, and 11468.2, Welfare and Institutions Code; Public Laws 98-502 and 104-156; Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; *Government Auditing Standards* of the Comptroller General of the United States (Yellow Book); Department of Health and Human Services, Administration for Children and Families letters dated April 19, 2001, February 22, 2002 and May 7, 2002; and Internal Revenue Code Section 4958.

Amend Section 11-406 to read:

11-406 DEFINITIONS – FORMS

11-406

The following forms are incorporated by reference: (Continued)

- (f) (3) Foster Family Agency Data and Certification Sheet (FCR 1FFA, 12/04) – This form is used by a non profit corporation to provide general identifying information and licensing information.
 - (4) Foster Family Agency Days of Care Schedule (FCR 3FFA, 7/03) – This form is used by a non profit corporation to report the number of clients who were served by a foster family agency on a month-by-month basis.
 - (5) Foster Family Agency Program Description Checklist (FCR 2FFA, Rev 2/05) – This form is used by a non profit corporation to report the type of program offered by the foster family agency.
 - (6) Foster Family Agency Total Program Cost Display (FCR 12FFA, Rev. 2/05) – This form is used by a non-profit Foster Family Agency corporations to collect cost information for a specific program.
 - (g) (1) Group Home Program – Cost Report (SR 3, Rev. 12/04) – This form is used by a non-profit corporation to report cost information of a specific group home program.
 - (2) Group Home Program – Days of Care Schedule (SR 5, Rev. 12/04) – This form is used by a non-profit corporation to report historical or projected monthly data on the occupancy and licensed capacity of a specific group home program.
 - (3) Group Home Program – Payroll and Fringe Benefit Report (SR 4, Rev. 12/04) – This form is used by a non-profit corporation to capture historical or projected monthly data on payroll and fringe benefit costs for a specific group home program.
 - (4) Group Home Program – Program Classification Report (SR 2, Rev. 12/04) – This form is used by a non-profit corporation to capture historical and projected monthly data, which is used to establish a rate classification level (RCL) for a specific group home program.
 - (5) Group Home Program – Rate Application (SR 1, Rev. 12/04) – This is the form used by a non-profit corporation to apply for a group home program rate.
 - (6) Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey (FCR 16, Rev. 2/05) – This form is used by a non profit corporation to assess whether a corporation is engaged in a self-dealing transaction for shelter costs.
- (Continued)

(p) (1) Renumbered to Section 11-406(g)(4) (Reserved) (Continued)

(t) (1) Renumbered to Section 11-406(f)(6) (Reserved) (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11462(a)(3), 11463(i), 11466.21 and 15658, Welfare and Institutions Code.

FOSTER FAMILY AGENCY - DATA AND CERTIFICATION SHEET (FCR 1FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

A. DATA SECTION				AGENCY FISCAL YEAR	
				MO	YR
				MO	YR
1. LICENSEE NAME			11. AGENT FOR SERVICE OF PROCESS		
2. AGENCY NAME			11a. MAILING ADDRESS		
3. MAILING ADDRESS - NUMBER, STREET, P.O. BOX			11b. CITY, STATE, ZIP CODE		
4. CITY, STATE, ZIP CODE			12. BOARD PRESIDENT		
5. BUSINESS ADDRESS - NUMBER, STREET			12a. PHONE NUMBER		
6. CITY, STATE, ZIP CODE					
7a. ADMINISTRATOR'S NAME (LAST NAME, FIRST NAME)		7b. TELEPHONE NUMBER ()	7c. FAX ()	7d. E-MAIL	
8a. CONTACT PERSON (LAST, FIRST) (IF DIFFERENT THAN ADMINISTRATOR)		8b. TELEPHONE NUMBER ()	8c. E-MAIL		
9. NAME OF PROGRAM					
10. IDENTIFY OTHER CCL LICENSES HELD BY LICENSEE					
10a. PROGRAM NAME					
TYPE OF LICENSE					LICENSED CAPACITY
10b. PROGRAM NAME					
TYPE OF LICENSE					LICENSED CAPACITY
10c. PROGRAM NAME					
TYPE OF LICENSE					LICENSED CAPACITY

CDSS USE ONLY																					
PROGRAM NUMBER				POSTMARK DATE				DATE RECEIVED				DATE ASSIGNED				COUNTY		CCL DIST.		ANALYST	
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

B. CERTIFICATION SECTION

1. ☐ YES ☐ NO The program of services is the same as submitted to the Department in the previous rate period. (If no, attach new amended program statement.)
2. ☐ YES ☐ NO The FFA rate contains no administrative or other costs duplicated in a group home rate set by the Department. (If no, attach explanation.)

I hereby certify that I have examined the rate request package and to the best of my knowledge and belief, it is a true and correct statement of the information required.

SIGNATURE OF PERSON PREPARING RATE REQUEST	TITLE	DATE
SIGNATURE OF ADMINISTRATOR	TITLE	DATE
COUNTY AND STATE WHERE SIGNED		

FCR 1FFA, FOSTER FAMILY AGENCY DATA AND CERTIFICATION SHEET

PURPOSE:

The Foster Family Agency Data and Certification Sheet serves two purposes: 1) to gather general identifying information about the provider; and 2) to obtain certification as to the accuracy of the rate request.

INSTRUCTIONS FOR COMPLETION:

Each provider should complete one form for each program for which a rate is requested.

Agency Fiscal Year: Enter the beginning and ending month and year for the agency's fiscal year
(e.g., 07/2002 – 06/2003).

PART A, DATA SECTION:

- Line 1. **Licensee Name:** Enter the licensee name listed on the FFA license.
- Line 2. **Agency Name:** Enter the name by which the FFA is commonly known, if different from licensee name.
- Lines 3 & 4. **Mailing Address:** Enter the number and street (or post office box), city, state and zip code where mail is received.
- Lines 5 & 6. **Business Address:** Enter the street address of the program's office.
- Line 7a. **Administrator's Name:** Enter the name of the chief administrator or executive director of the organization.
- Line 7b. **Telephone Number:** Enter the telephone number of the person identified on Line 7a.
- Line 8a. **Contact Person:** Enter the name of the person who prepared the rate request and to whom questions may be addressed.
- Line 8b. **Telephone Number:** Enter the telephone number of the person listed on Line 8a.
- Line 9. **Name of Program:** Enter the identifying name of the program for which a rate is being requested.
- Line 10 a - c. **Other CCL Licenses:** Enter the name and type of license for other types of programs operated by the provider and the licensed capacity.
- Examples would include:** Children's Group Home, Day Care, Adult Residential, etc.
- Line 11 **Agent for Service of Process:** Enter the name of the person designated as Agent for Service as submitted to the Secretary of State.
- Line 11a **Mailing Address:** Enter the mailing address for the Agent of Service.
- Line 11b **City, State, Zip:** Enter the City, State, Zip for the Agency of Service.
- Line 12 **Board President:** Enter the name of the corporation's Board President.
- Line 12a **Phone Number:** Enter the telephone number for the corporation's Board President.

PART B, CERTIFICATION SECTION:

1. If there has been no change in this FFA program, and all program material is on file with the Department, check **YES**. If there has been a change, check **NO** and submit any explanatory material.
2. Check **YES** if none of the AFDC-FC funds received for children placed with the FFA are used for operation of an AFDC-FC funded group home. Check **NO** if AFDC-FC funds are used and attach an explanation.

After the rate request package has been prepared and examined, the person preparing the report and the administrator must sign on the lines provided. Enter their titles, date signed, county and state where the certification took place. Forward the **original** of this form to the Department with the completed rate request package.

PROGRAM DESCRIPTION CHECKLIST (FCR 2FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

Agency Fiscal Year				Number of Months
MO	YR	-	MO	YR

PART A. PROGRAM IDENTIFICATION

1. AGENCY NAME	
2. PROGRAM NAME	Program Number

PART B. PROGRAM DESCRIPTION

1. TYPE OF PROGRAM (CHECK ONE) ☐ TREATMENT ☐ NONTREATMENT If Program is Nontreatment, Complete Section B, 3, 4 and 5 only. Do Not Complete Part C	Average number of Certified Homes in Reporting Period _____
2. POPULATION TYPE(S) OF THIS PROGRAM IS: NOTE: (ENTER "1" FOR DESIGNED TO TREAT; "2" FOR MAY ACCEPT; "3" FOR WILL NOT ACCEPT)	

CLIENT CHARACTERISTICS

☐ 01 MENTAL RETARDATION - MILD (EMR)	☐ 15 HYPERACTIVITY	☐ 27 SCHOOL PROBLEMS
☐ 02 MENTAL RETARDATION - MODERATE (TMR)	☐ 16 AUTISM	☐ 28 ALCOHOL ABUSE
☐ 03 MENTAL RETARDATION - SEVERE	☐ 17 ACTIVELY PSYCHOTIC	☐ 29 DRUG ABUSE
☐ 04 PHYSICAL HANDICAPS BUT AMBULATORY	☐ 18 SEVERE DEPRESSION	☐ 30 CHRONIC RUNAWAY
☐ 05 NON-AMBULATORY	☐ 19 SELF-DESTRUCTIVE	☐ 31 CHRONIC PLACEMENT FAILURE
☐ 06 LEARNING DISABILITY	☐ 20 ACTIVELY SUICIDAL	☐ 32 OTHER (SPECIFY) _____
☐ 07 DEAFNESS	☐ 21 OTHER EMOTIONAL	
☐ 08 BLINDNESS	DISTURBANCE (SPECIFY) _____	
☐ 09 NON-VERBAL COMMUNICATION		
☐ 10 EPILEPSY	☐ 22 SEXUAL ACTING OUT	
☐ 11 CEREBRAL PALSY	☐ 23 BEHAVIOR/CONDUCT DISORDER	
☐ 12 DIABETES	☐ 24 FIRESETTING	
☐ 13 SEXUAL OR PHYSICAL ABUSE	☐ 25 ASSAULTIVE	
☐ 14 PREGNANCY	☐ 26 POSSIBLE VIOLENCE	

3. TYPE OF PROGRAM EMPHASIS (CHECK ONE)
☐ EMERGENCY SHELTER CARE ☐ SHORT-TERM DIAGNOSTIC ☐ EMANCIPATION ☐ REUNIFICATION ☐ OTHER _____
4. ANTICIPATED DURATION OF CARE (CHECK ONE)
☐ 30 DAYS OR LESS ☐ 31-90 DAYS ☐ 91-180 DAYS ☐ 181 DAYS OR MORE

PROGRAM NAME

PROGRAM NUMBER

5. SOURCE OF PLACEMENT

a. NUMBER OF CHILDREN PLACED (BY PLACEMENT AGENCY)

(Specify)

01 COUNTY WELFARE

03 REGIONAL CENTER

05 OTHER

Department

(Specify)

02 COUNTY

04 PRIVATE

06 OTHER

PROBATION

PLACEMENT

b. LIST AGENCIES USING PROGRAM. LIST PRIMARY USER FIRST AND OTHERS IN DESCENDING ORDER OF USAGE.

PART C. PROGRAM CHARACTERISTICS (Treatment Programs only complete this section)

1. PSYCHIATRIC SERVICES OFFERED:

a. DIRECT PSYCHIATRIC SERVICES TO CHILDREN

☐ ALL☐ SOME☐ LITTLE OR NONE

b. ONGOING PSYCHIATRIC CONSULTATION ON PROGRAM DESIGN AND STAFF TRAINING:

☐ YES☐ NO

2. PSYCHOLOGICAL SERVICES OFFERED:

a. DIRECT PSYCHOLOGICAL SERVICES TO CHILDREN

☐ ALL☐ SOME☐ LITTLE OR NONE

b. ONGOING PSYCHOLOGICAL CONSULTATION ON PROGRAM DESIGN AND STAFF TRAINING

☐ YES☐ NO

3. SOCIAL WORK ACTIVITIES:

a. WHAT ARE THE MINIMUM QUALIFICATIONS REQUIRED OF PERSONS PERFORMING SOCIAL WORK ACTIVITIES?

b. ENTER THE NUMBER OF HOURS SPENT ANNUALLY BY PERSONS, ON PAYROLL OR CONTRACT, PERFORMING SOCIAL WORK ACTIVITIES: _____

c. ATTACH TO THE RATE APPLICATION DOCUMENTATION OF THE QUALIFICATIONS FOR PERSONS CURRENTLY PERFORMING SOCIAL WORK ACTIVITIES OR LICENSE.

FCR 2FFA, PROGRAM DESCRIPTION CHECKLIST

PURPOSE:

The Program Description Checklist captures specific information about each program for which an FFA rate is being requested. This information will be entered into a computerized information system and will be used to classify FFA programs into categories relative to services offered.

INSTRUCTIONS FOR COMPLETION:

Submit one FCR 2FFA for each program for which a rate is being requested.

Agency Fiscal Year: Enter the beginning and ending month and year for the agency's fiscal year (e.g., 01/90 - 12/90).

Number of Months: Enter the total number of months, (e.g., 12 months) for which costs are reported.

PART A, PROGRAM IDENTIFICATION:

Line 1: Enter the name of the Agency (same as on FCR 1FFA, Line 2).

Line 2: Enter the name from the FCR 1FFA, Line 9.
Enter the program number, if known.

PART B, PROGRAM DESCRIPTION:

Line 1: Check the type of program. Check only one box.
If Program is Nontreatment, Complete Part B. 3, 4 and 5 only. Do not Complete Part C. Enter the average number of certified homes during the reporting period.

Line 2: Check all items which describe the client characteristics which this program is designed to treat. Use the box to mark either 1, 2, or 3 for each item. Use "1" to designate problems that this program is designed to treat. Use "2" to designate problems that this program may accept, but are not the primary focus of the treatment program. Use "3" to designate problems that would prevent a child from being accepted in this program.

Line 3: Check the type of program emphasized by the FFA. Check only one box.

Line 4: Check the anticipated duration of care. Check only one box.

Line 5a. Enter the number of children placed during the cost period by type of placement agency. Disregard funding source (e.g., a child funded by AFDC-FC through the Welfare Department but placed by Probation, would be marked under Probation; a child whose placement is reimbursed by Campus, but was placed by his/her parents, would be a private placement).

Line 5b. Identify the county agencies placing children with the FFA. Identify by county welfare, county probation departments or other placing agency, in descending order of usage.

PART C, PROGRAM CHARACTERISTICS:

Enter the program name and number as shown on the first page of the FCR 2FFA.

Lines 1-2. **Check** the answer which most closely describes your FFA program. A single answer may not **exactly** fit your FFA program; however, select the answer that is predominant for your program.

Line 3a. Describe the minimum qualifications required of persons performing social work activities.

Line 3b. Enter the total number of hours of all hours spent annually by all persons performing social work activities.

Line 3c. Attach to this state application the documentation which shown the qualifications of persons currently performing social work activities. This documentation may include college diploma or transcripts or copy of licensed Clinical Social Worker or Marriage, Family and Child Counseling licenses.

DAYS OF CARE SCHEDULE (FCR 3FFA)*SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED*

AGENCY NAME								PROGRAM NUMBER				AGENCY FISCAL YEAR			
PROGRAM NAME								Mo Yr				Mo Yr			
(1)	(2)												(3)	(4)	
	JANUARY (31)	FEBRUARY (29)	MARCH (31)	APRIL (30)	MAY (31)	JUNE (30)	JULY (31)	AUGUST (31)	SEPTEMBER (30)	OCTOBER (31)	NOVEMBER (30)	DECEMBER (31)	Total	Actual Occupancy	
1. Clients at Beginning of Month															
2. Admissions															
3. Discharges															
4. Actual Number of Client Days															

COMMENTS:

FCR 3FFA, DAYS OF CARE SCHEDULE

PURPOSE:

This form records the number of clients, by program, on a month-by month basis. It is used to calculate the occupancy rate and develop allocation ratios.

Include all residents in the program regardless of funding source. The rate for AFDC-FC is set based on the per client cost of care.

INSTRUCTIONS FOR COMPLETION:

Submit one schedule per program.

Agency Name: Enter the name shown on the FCR 1FFA, Data and Certification Sheet.

Agency Fiscal Year: Data reported is the actual number of clients in each program during the most recent fiscal year. (First time providers will project this information). Enter the beginning and ending month and year for the period being reported, (e.g., 01/90 - 12/90).

Program: Enter the program name and number as shown on the FCR 1FFA, Data and Certification Sheet, for each program.

Column 2 – Line 1 – Clients at Beginning of Month: Enter the number of clients at the beginning of each month for the cost period. All clients in a given program are to be included, regardless of funding source.

Lines 2 and 3 – Admissions/Discharges: Enter the total number of clients admitted and discharged for each month.

Line 4 – Actual Number of Client Days: Enter the actual number of days of care provided. To calculate the actual number of days of care, multiply the number of clients who were in the program for the entire month by the number of days in the month. Add the number of days for other clients admitted or discharged during the month. The first day of care is counted; the last is not.

Example: Bryan and Tim were residents for the full month of July. Robert was admitted on July 10. James was discharged on July 21.

Calculation:

Bryan and Tim	62	(2 residents x 31 days)
Robert	22	(Count the first day)
James	20	(Do not count the last day)
	104	Actual number of client days for July.

Column 3 – Total – Enter the sum for client days.

Column 4 – Actual occupancy – Divide the total of client days in column 3 by the total number of days in the cost period.

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)**SUBMIT ONE FOR EACH PROGRAM**

Number of months in cost reporting period _____

CORPORATE/LICENSEE NAME		PROGRAM NAME (IF DIFFERENT)	CORPORATE NUMBER		PROGRAM NUMBER		AGENCY FISCAL YEAR (MO/YR - MO/YR)	
LINE	(1) LINE ITEMS OF COST	(2) TOTAL (SUM OF COLS. 3 THRU 6)	(3) ADMINISTRATION	(4) RECRUITMENT	(5) TRAINING	(6) SOCIAL WORK	(7) EXPLANATION	
100a	Executive Director Salary							
100b	Assistant Director Salary							
100c	Administrator Salary							
100d	All Other Administrative Salaries							
101	Recruitment Payroll							
102	Training Payroll							
110	Administrative Contracts							
121	Telephone, Postage and Freight							
122	Office Supplies							
123	Conferences, Meetings, In-Service Training							
132	Memberships, Subscriptions, Dues							
133	Printing, Publications							
134	Bonding, General Insurance							
135	Advertising							
137	Miscellaneous							
138								
	Building and Equipment Payroll							
200	Building Rents and Leases							
211	Acquisition Mortgage Principal & Interest							
214	Property Appraisal Fees							
215	Property Taxes							
216								

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)
SUBMIT ONE FOR EACH PROGRAM - CONTINUED

Number of months in cost reporting period _____

Number of months in cost reporting period		CORPORATE NUMBER		PROGRAM NUMBER		AGENCY FISCAL YEAR (MO/ YR - MO/ YR)	
CORPORATE/LICENSEE NAME		CORPORATE NUMBER (IF DIFFERENT)		PROGRAM NUMBER		AGENCY FISCAL YEAR (MO/ YR - MO/ YR)	
LINE	(1) LINE ITEMS OF COST	(2) TOTAL (SUM OF COLS. 3 THRU 6)	(3) ADMINISTRATION	(4) RECRUITMENT	(5) TRAINING	(6) SOCIAL WORK	(7) EXPLANATION
217	Building and Equipment Insurance						
221	Utilities						
222	Building Maintenance						
223	Building and Equipment Contracts						
224	Building and Equipment Supplies						
225	Equipment Leases						
226	Equipment Depreciation Expense						
227	Expendable Equipment						
228	Building and Equipment Miscellaneous						
241	Vehicle Leases						
242	Vehicle Depreciation						
243	Vehicle Operating Costs						
350	Total Paid to Certified Family Homes						
352	Other Child-Related Costs, Not Provided by Certified Family Homes						
410	Social Worker Payroll and/or Social Worker Contract						
440	Direct Care Contracts						
500	TOTAL EXPENSES						

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)

PURPOSE:

This form displays the annual expenditures of the specific FFA program. The costs displayed should represent actual allowable and reasonable costs incurred for the program during the corporation's most recent fiscal year.

If the corporation operates more than one program (separate level of care) a separate FCR 12FFA must be completed for each program. The sum of Lines 500, Column 2 on all FCR 12FFA forms should equal the corporation's total FFA budget for the fiscal year.

INSTRUCTIONS:

Corporate/Licensee Name: Enter the name shown on line 1 of the FCR 1FFA which was submitted for the latest rate request.

Program Name: Enter the Program Name if different from the Corporate/Licensee Name.

Corporate Number: Enter the number issued by the California Secretary of State.

Program Number: Enter the program number from the FCR 2FFA (e.g., 1234.01.01).

Agency Fiscal Year: Costs reported are the actual costs incurred for the reporting period which is the agency's most recent fiscal year. Enter the beginning and ending month and year for the agency's fiscal year (e.g., 07/2001 - 06/2002).

Column 1: Line items of costs that might be incurred by an FFA. Enter the amount that was incurred during the program's fiscal year.

- Line 100a: Executive Director Salary - Report the annual salary for person designated as the Executive Director. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100b: Assistant Director Salary - Report annual salary for person designated as the Assistant Director. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100c: Administrator Salary - Report annual salary for person designated as the Administrator. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100d: All other Administrative Salaries - Report annual salaries for all other staff primarily responsible for the ongoing administration and support functions of the organization, including salaries and wages, overtime, payroll taxes and employee benefits which include vacation, sick leave, contributions to an employee pension plan, and dental and health insurance.
- Line 101: Recruitment Payroll - Report the cost of recruiting certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
- Line 102: Training Payroll - Report the cost of training certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
- Line 110: Administrative Contracts - Report legal, consulting or other contract fees related to the program.
- Line 121: Telephone - Report all telephone, facsimile (fax), cellular, and pager costs related to the program.
- Line 122: Postage and Freight - Report all postage and freight costs related to the program.
- Line 123: Office Supplies - Report office supply costs related to the program.
- Line 132: Conferences, Meetings, In-Service Training - Report the cost of attending conferences, meetings, and in-service training related to foster care.
- Line 133: Memberships, Subscriptions, Dues - Report the cost of memberships, subscriptions, and dues related to foster care.
- Line 134: Printing, Publications - Report all printing and publication costs related to the program.
- Line 135: Bonding, General Insurance - Report all bonding and general insurance costs related to the program.
- Line 137: Advertising - Report all costs related to advertising for the program.
- Line 138: Miscellaneous - Report all costs related to the program not already identified in any other line item on this form.
- Line 200: Building and Equipment Payroll - Report all program building and equipment payroll costs. Include payroll, payroll taxes, and benefits (if applicable).
- Line 211: Building Rents and Leases - Report all building rent and lease costs related to the program.
- Line 214: Acquisition Mortgage Principal & Interest - Report any principal and interest on original acquisition mortgages related to the program.
- Line 215: Property Appraisal Fees - Report independent appraisals, for both owned and leased property related to the program.
- Line 216: Property Taxes - Report any taxes for both owned and leased or rented property related to the program.
- Line 217: Building and Equipment Insurance - Report insurance costs for both owned and leased or rented buildings and equipment related to the program.
- Line 221: Utilities - Report the cost of electricity, natural gas, water, garbage, and sewer as they apply to the program.
- Line 222: Building Maintenance - Report all building maintenance costs related to the program.

TOTAL PROGRAM COST DISPLAY (FCR 12FFA) (CONTINUED)

- Line 223: Building and Equipment Contracts - Include building equipment, payroll, payroll taxes and employee benefits, building maintenance, contracts, supplies, equipment leases, equipment depreciation expenses, expendable equipment, and miscellaneous building and equipment expenses.
- Line 224: Building and Equipment Supplies - Report all building and equipment supply costs.
- Line 225: Equipment Leases - Report all equipment lease costs.
- Line 226: Equipment Depreciation Expense - Report equipment depreciation expense. Identify the depreciation methodology in the notes to the financial statements. The total depreciation charges throughout the useful life of the equipment shall not exceed the original cost of the acquisition.
- Line 227: Expendable Equipment - Report expendable equipment as identified in the financial statements.
- Line 228: Building and Equipment Miscellaneous - Report miscellaneous building and equipment costs not previously identified.
- Line 241: Vehicle Leases - Report vehicle lease costs related to the program.
- Line 242: Vehicle Depreciation - Report vehicle depreciation costs related to the program.
- Line 243: Vehicle Operating Costs - Report vehicle operating costs such as insurance, fuel, maintenance and repairs, license fees, taxes, and reimbursements to employees for business use of their personal automobiles as it applies to the program.
- Line 350: Total Paid to Certified Family Homes - The amount reported includes payments to the foster parents for the cost of, and the cost of providing, but is not limited to the following items: food, clothing, shelter, daily supervision, school supplies, personal incidentals, reasonable travel to the child's home for visitation, and liability insurance which covers the child.
- Line 352: Other Child-Related Costs, Not Provided by Certified Family Homes - Report all other child-related costs not provided by certified family homes.
- Line 410: Social Worker Payroll and/or Social Worker Contract - Report all social worker payroll or contract costs. Include payroll, payroll taxes, and benefits (if applicable).
- Line 440: Direct Care Contracts - Report any direct care contract costs not identified elsewhere.
- Line 500: Total Expenses - Enter the total amount of each column.

Column 2: Total: Enter total program expenditures for each line item of cost that was incurred during the agency's fiscal year. If a cost item is shared among two or more programs, enter only that portion spent for the specific program.

EXAMPLE: The agency office is used for two programs. Program A serves 20 children, Program B serves 10 children. If the rental cost for the office (line item 211) is \$9,000 for the year, the cost could appropriately be allocated by entering \$6,000 on the FCR 12FFA for Program A and \$3,000 on the FCR 12FFA for Program B. Explain in column 7 the allocation method used to arrive at this program's share of costs.

Columns 3-6: Activity: Based on percentage of use, or other appropriate allocation explained in column 7, enter the proportion of the cost in column 2 that is spent for each of these activities.

EXAMPLE: The agency car operating expenses (gas, oil, maintenance, repair) are \$4,000 for the year. It is used 50% of the time by the social worker, 20% for administrative duties, 20% by training personnel, and 10% for recruitment of new certified foster parents. This cost will be shown as follows:

	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
Line 243	Total	Administration	Recruitment	Training	Social Work
	\$4,000	\$800	\$400	\$800	\$2,000

Column 7: Explain how the figures in columns 3-6 were determined, including the allocation bases. If more space is necessary, attach an additional sheet.

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

Licensee/Corporate Name: _____
Program Number: _____
(new providers leave blank)
Mailing Address: _____
E-Mail Address: _____
Contact Person: _____ Telephone Number: () _____

PLEASE USE CURRENT DATA TO RESPOND TO THIS SURVEY

1. ____ Enter the number of facilities currently licensed and pending licensure under your corporate name for this group home program.
 2. ____ Enter the number of facilities owned by the corporation for which the corporation has clear title or has a mortgage/deed of trust.
 3. ____ Enter the number of facilities for this program for which the corporation has a contractual (rental or lease) agreement:
 - 3a. ____ Enter the number of facilities for this program for which there is no self-dealing transaction for shelter costs (no member of the Board of Directors and/or their spouses or family members have a financial interest in the property being leased or rented). On the attached Facility Information Sheet, please list the facility license number and street address for each facility you identified on Line 3a, for which there is no self-dealing transaction for shelter costs.
 - 3b. ____ Enter the number of facilities for this program for which the corporation has a self-dealing transaction for shelter costs, rental or lease agreement (a member of the Board of Directors and/or their spouses or family members have a financial interest). On the attached Facility Information Sheet, please list the facility license number and street address for each facility you identified on Line 3b, as having a self-dealing transaction for shelter costs.
- Lines 3a. and 3b. should equal the total of Line 3.**
Lines 2 and 3 should equal the number on Line 1.
4. Yes ____ No ____ Do you have any other shelter cost that is the result of self-dealing transactions for shelter costs, (a member of the Board of Directors and/or their spouses or family members have a material financial interest). If yes, identify and describe the transaction(s).

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

FACILITY INFORMATION SHEET

Licensee/Corporate Name: _____

Group Home Program Number: _____
(new providers leave blank)

Please list below the community care license number and street address for each facility that you have identified on **line 3a**:

- | | |
|---|---|
| 1. License No. _____

Address _____

City _____

Zip Code _____ | 3. License No. _____

Address _____

City _____

Zip Code _____ |
| 2. License No. _____

Address _____

City _____

Zip Code _____ | 4. License No. _____

Address _____

City _____

Zip Code _____ |

Please list below the community care license number and street address for each facility that you have identified on **line 3b**:

- | | |
|---|---|
| 1. License No. _____

Address _____

City _____

Zip Code _____ | 3. License No. _____

Address _____

City _____

Zip Code _____ |
| 2. License No. _____

Address _____

City _____

Zip Code _____ | 4. License No. _____

Address _____

City _____

Zip Code _____ |

If additional space is needed, you may duplicate this survey sheet.

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

CERTIFICATION:

I hereby certify under penalty of perjury that the information contained in this
Declaration and Survey is true and correct.

SIGNATURE OF PRESIDENT OF THE BOARD OR AUTHORIZED BOARD OFFICER

TITLE

DATE

**FAILURE TO RESPOND TO THIS SHELTER COSTS, SELF-DEALING
TRANSACTIONS DECLARATION AND SURVEY WILL RESULT IN A RATE NOT BEING
SET FOR YOUR GROUP HOME PROGRAM.**

**INSTRUCTIONS
DECLARATION AND SURVEY FOR SHELTER COSTS, AND SELF-DEALING
TRANSACTIONS**

Welfare and Institutions Code Sections 11462.06(d)(1) and (d)(2) states that "(1) Commencing July 2, 2003, any group home provider with an affiliated lease shall not be eligible for an AFDC-FC rate.

(2) Notwithstanding paragraph (1), providers that received an approval letter for a self-dealing lease transaction for shelter costs during the 2002-03 fiscal year from the Charitable Trust Section of the Department of Justice shall be eligible to continue to receive an AFDC-FC rate until the date that the lease expires, or is modified, extended, or terminated, whichever occurs first. These providers shall be ineligible to receive an AFDC-FC rate after that date if they have entered into any self-dealing lease transactions for group home shelter costs".

Please enter the requested information on the **Declaration and Survey, including the Facility Information Sheet** for each facility address. If you enter zero (0) on Line 3, do not complete Lines 3a and 3b. The Declaration and Survey must be signed by the President of the Board or a member of the Board of Directors.

If you have identified a self-dealing transaction for shelter costs on Line 3b, please contact the Foster Care Rates Bureau to discuss your options.

Please return your completed Declaration and Survey via mail to:

California Department of Social Services
Foster Care Rates Bureau
744 P Street, M.S., 9-74
Sacramento, California 95814

Failure to respond to this Declaration and Survey will result in a rate not set for your group home program.

If you have any questions or if you need assistance completing the form, you may contact your Foster Care Rates Consultant at (916) 651-9158.

GROUP HOME PROGRAM RATE APPLICATION (SR 1)**SUBMIT ONE FOR EACH PROGRAM (PRINT OR TYPE)**

TYPE OF APPLICATION (Check one only)

☐ ONGOING☐ NEW PROVIDER☐ NEW PROGRAM☐ PROGRAM CHANGE☐ LIC. CAP. CHANGE☐ RELOCATION☐ REINSTATE

PROPOSED EFFECTIVE DATE

MONTH

YEAR

(1) PROVIDER/LICENSEE NAME

(2) PROGRAM NAME, IF ANY

(3) PROGRAM NUMBER

(4) MAILING ADDRESS - NUMBER, STREET

(5) CITY

(5a) STATE

(5b) ZIP CODE

(6) EXECUTIVE DIRECTOR NAME

(6a) PHONE

(6b) FAX

(6c) E-MAIL

(7) CCL APPROVED ADMINISTRATOR NAME

(7a) PHONE

(8) CONTACT PERSON FOR THIS RATE APPLICATION, IF OTHER THAN ABOVE

(8a) PHONE

(8b) E-MAIL

(9) AGENT FOR SERVICE

(9a) PHONE

(10) BOARD PRESIDENT

(10a) PHONE

(11) THE AGENCY IS A NON-PROFIT ORGANIZATION

NO ☐YES ☐

(12) DOES THIS AGENCY OPERATE ANY OTHER BUSINESS?

NO ☐YES ☐

(13) IF YES, SPECIFY TYPE OF BUSINESS: _____

(14) Does this agency operate more than one group home program?

NO ☐YES ☐

(15) If Yes, number of other programs: _____

NOTE: A separate application must be completed for each program.

(16) Total licensed capacity of facility(ies) used by this program: _____ (List facility(ies) on Page 2 of SR 1.)

CERTIFICATIONS:I certify that all information contained in the program statement previously submitted remains the same.
If no, attach a new program statement. (LIC 9106)YES ☐NO ☐

I understand that the information contained in this document is correct to the best of my knowledge and that submission of false or misleading information may be prosecuted as a crime.

(17) SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER

(18) TITLE

(19) COUNTY AND STATE WHERE SIGNED

(20) DATE

CDSS USE ONLY

PROGRAM IDENTIFIER	POSTMARK DATE	DATE RECEIVED	DATE ASSIGNED	COUNTY	CCL DIST.	ANALYST
____-____-____	____-____-____	____-____-____	____-____-____	____	____	____

RATE TYPE ☐
DISPOSITION:NO. OF GH PROGRAMS ☐Present RCL ☐ Rate per month \$ ☐ Effective Date ☐-☐-☐ Notification Date ☐-☐-☐Projected RCL ☐ Rate per month \$ ☐ Effective Date ☐-☐-☐ Notification Date ☐-☐-☐CLAIMING RATIOS: FED Eligible ☐.____%NON-FED Eligible ☐.____%

ANALYST

SUPERVISOR

KDE DATE

____-____-____

PROGRAM NUMBER	PROPOSED EFFECTIVE DATE
	MONTH YEAR

24. Data for each facility location for this group home program. Attach additional pages if needed.

LICENSE NUMBER	NUMBER, STREET	CITY	ZIP CODE	LICENSED CAPACITY

LIST PLACEMENT AGENCIES USING THIS PROGRAM. LIST PRIMARY USER FIRST AND OTHERS IN DESCENDING ORDER OF USAGE.

CDSS USE ONLY

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GROUP HOME FORMS

SR 1

- Line 1 Licensee/Corporate Name: Enter the licensee/corporate name shown on the group home license. If the provider has licenses with different names, use the organization or corporate name.
- Line 2 Program Name: Enter program name, if any.
- Line 3 Program Number: Enter 8 digit number previously assigned by the Department. For a new provider application: leave blank.
- Line 4 Mailing Address: Enter the number and street (or post office box).
- Line 5 City: Enter name of the City.
- Line 5a State: Enter the two digit abbreviation for the State.
- Line 5b Zip Code: Enter the zip code.
- Line 6 Executive Director Name: Enter the name of the Executive Director or authorized Board Officer of the organization.
- Line 6a Phone: Enter the telephone number.
- Line 6b Fax: Enter the fax number.
- Line 6c E-mail: Enter the email address of the person identified in Line 6.
- Line 7 CCL Approved Administrator Name: Enter name of current administrator who has been approved by CCL.
- Line 7a Phone: Enter the telephone number of the administrator.
- Line 8 Contact Person For This Rate Application, If Other Than Above: Enter the name of the person who prepared the rate application and to whom questions concerning the application should be addressed.
- Line 8a Phone: Enter the telephone number of the contact person.
- Line 8b E-mail: Enter the email address of the contact person.
- Line 9 Agent for Service: Enter the name of the Agent for Service as identified for the Secretary of State.
- Line 9a Phone: Enter the telephone number of the Agency for Service.
- Line 10 Board President: Enter the name of the corporation's Board President.
- Line 10a Phone: Enter the telephone number of the Board President.
- Line 11 Section 11400(h) of the Welfare and Institutions Code defines "Group Home" as a non-detention privately operated residential home organized on a nonprofit basis only. As such, check the appropriate box to indicate status.
- Line 12 Agency Activities: Check the appropriate box in response to the question "Does this agency operate any other businesses?" Examples of other businesses are: daycare, on-site school, adult care, Foster Family Agency, Thrift Shop.
- Line 13 If yes, specify type of activities. (Remove the second line)
- Line 14 Check the appropriate box in response to the question "Does this agency operate more than one group home program?"
- Line 15 If yes, enter number of other programs.
- Line 16 Enter total licensed capacity of facilities used by this program.

CERTIFICATION SECTION:

After the Group Home Program Rate Application (SR 1) is prepared, the executive director or authorized officer must sign the application.

- Line 17 Signature: Enter signature of Executive Director or authorized officer.
- Line 18 Title: Enter title of person who signed #17.
- Line 19 County and State: Enter County and State where application signed.
- Line 20 Date: Enter date application signed.

FACILITY LOCATION SECTION:

PROGRAM NUMBER: Enter program number from line 3 of page 1.

PROPOSED EFFECTIVE DATE: Enter proposed effective date from page 1.

Line 24 Facility Location Data: Enter data for each facility location for this group home program. Include the following: 1) the license number assigned by Community Care Licensing; 2) number and street or post office box; 3) City name; 4) zip code; and 5) licensed capacity.

List all county placement agencies using this program. List primary user first and others in descending order of usage.

PROGRAM CLASSIFICATION REPORT (SR 2)

CORPORATE NAME:					PROGRAM NAME:			PROGRAM NUMBER • •			PROVIDER FISCAL YEAR MO YR — MO YR		
MONTH/YEAR	(1) 90% OF LICENSED PROGRAM CAPACITY (Minimum is 5.4)	CHILD CARE & SUPERVISION			SOCIAL WORK ACTIVITIES			MENTAL HEALTH ACTIVITIES			(11) POINTS PER PROGRAM PER MONTH (COL 4) + (COL 7) + (COL 10)	(12) RCL	
		(2) HOURS	(3) WEIGHTED HOURS	(4) POINTS (COL 3) ÷ (COL 1)	(5) HOURS	(6) WEIGHTED HOURS	(7) POINTS (COL 6) ÷ (COL 1)	(8) HOURS	(9) WEIGHTED HOURS	(10) POINTS (COL 9) ÷ (COL 1) MAXIMUM = 30			
1. JANUARY													
2. FEBRUARY													
3. MARCH													
4. APRIL													
5. MAY													
6. JUNE													
7. JULY													
8. AUGUST													
9. SEPTEMBER													
10. OCTOBER													
11. NOVEMBER													
12. DECEMBER													
13. TOTAL													
14. AVERAGE										Maximum is 30			
15. DSS USE ONLY													
Complete projected points and minimum RCL for the provider rate period for which the group home program will provide care and supervision. Refer to Section 11-402.562 (d) of Manual of Policies and Procedures regarding numbers projected on Line 16 and how they will apply in the event of an audit adjustment.													
16. PROJECTED													

PROGRAM CLASSIFICATION REPORT (SR 2)

PURPOSE:

The Program Classification Report (SR 2) establishes the rate classification level (RCL) for a group home program. The SR 2 captures historical or projected monthly data regarding paid-awake hours (weighted and unweighted) of service to children in three program components: child care and supervision, social work activities and mental health treatment services. The SR 2 is used to calculate points based on weighted hours of service for the reporting period and aids the group home provider and the Department in determining the current and projected RCL for the group home program.

INSTRUCTIONS FOR COMPLETION:

Corporate Name: Enter the licensee/corporate name shown on the Group Home Program Rate Application (SR 1).

Program Name: Enter the program name, if any, shown on the SR 1.

Program Number: For an ongoing or "program change" application: enter number previously assigned by the Department. For an initial application: leave blank.

Reporting Period: Based on the provider's fiscal year, enter the first month and its year through the last month and its year. Ongoing applications are based on the provider's previous fiscal year. The reporting period must be the same as that on the Group Home Program Days of Care Schedule (SR 5). Programs with less than twelve months of operation should not enter data for a month prior to the effective date of the program. For an initial application, enter the proposed first month through twelfth month of operation.

Month/Year: Lines 1 through 12 capture information for the reporting period.

EXAMPLES:

Partial reporting period is July 1 through December 31: complete columns on lines 7 through 12, indicating the provider's previous fiscal year.

Full year reporting period is January 1 through December 31: complete lines 1 through 12, indicating the provider's previous fiscal year.

Column 1 – 90% of Program Capacity, Minimum is 5.4

Calculate 90 percent of licensed capacity for the program. [Should correlate with Line 6 of the SR 5 for each month of the reporting period.] Enter result of calculation on month-by-month lines for reporting period. For programs with no changes to licensed capacity, this number will stay the same throughout reporting period. Prorate licensed capacity in months in which changes occur.

Enter 5.4 if ninety percent of licensed capacity is equal to or less than 5.4.

NOTE: In order to complete this form, preliminary work is necessary, i.e., the hours for each individual providing child care and supervision (CCS) must be gathered and weighted for education and experience on a month-by-month basis. CCS staff may also receive weighting for all CCS hours if the group home program meets the requirements of providing "on-going training". Hours for each individual providing social work activities and mental health activities must also be gathered and weighted according to the professional level of the individual providing the service. Worksheets have been developed by the Department for this purpose. Substitute forms may also be used.

An explanation of how to weight hours is found in Manual of Policies and Procedures (MPP) Section 11-402.22.

Child Care and Supervision:

Column 2 – Hours: Enter the number of paid-awake hours for all individuals providing care and supervision, including hours of paid vacation or sick leave. Do not count more than 54 regularly scheduled hours per week for an individual working in any program(s).

Column 3 – Weighted Hours: Enter the number of paid-awake hours for all individuals providing care and supervision which has been multiplied by the weighting for experience, education and on-going training for those individuals.

Column 4 – Column 3 Divided by Column 1: Enter the result of dividing the weighted hours in column 3 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the Child Care and Supervision component.

Social Work Activities:

Column 5 – Hours: Enter the number of hours for all social work professionals providing social work activities, including hours of paid vacation or sick leave. Do not count more than 54 hours per week for an individual working in any program(s).

Column 6 – Weighted Hours: Enter the number of hours for all social work professionals providing social work activities which has been multiplied by the weighting for professional level for those individuals.

Column 7 – Column 6 Divided by Column 1: Enter the result of dividing the weighted hours in column 6 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the Social Work Activities component.

Mental Health Activities:

Column 8 – Hours: Enter the number of hours that all licensed mental health professionals provide direct service mental health activities to group home residents, either individually or in groups.

Column 9 – Weighted Hours: Enter the number of hours that all licensed mental health professionals provide direct service mental health activities for group home residents which has been multiplied by the weighting for professional level for those individuals. (NOTE: A program must report all mental health hours provided each month under column 8. However a program may only multiply a maximum of 60 hrs by the appropriate weightings for any individual month under column 9. [See MPP Section 11-402.234(c)])

Column 10 – Column 9 Divided by Column 1: Enter the result of dividing the weighted hours in column 9 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the mental health activities component.

TOTALS:

Column 11 – Points Per Program Per Month: Enter the result of adding columns 4, 7, and 10.

Column 12 – RCL: Enter the two digit RCL indicated for the average and/or projected points per program per month.

Total, Average and Projected Lines:

Lines 13. Total: Enter the result of adding hours and weighted hours in each unshaded space. Decimals should be entered using two decimal places (hundredths). Example: Calculation results in 220.32445: enter 220.32 on Line 13.

Line 14. Average: Enter the result of adding each column and dividing by the number of months reported. Decimals should be entered using two decimal places (hundredths). Example: Calculation results in 220.32445: enter 220.32 on Line 14.

If Mental Health Activities points (Col. 10) are equal to or exceed 30, enter 30. Enter the two-digit rate classification level (1-14) based on the average points per program per month during the reporting period.

Point Ranges

RCL

GROUP HOME PROGRAM COSTS REPORT (SR 3)

This form is to collect cost information for the group home program. Report actual allowable and reasonable costs. If the corporation operates more than one group home program and/or the program provides other services (example: day care, on-site education, adult services, foster family agency, etc.) costs **must be allocated** to the appropriate activity and only the allowable group home program costs for the program are to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in current regulations (MPP Section 11-402.8 et seq.) NOTE: A separate cost report form must be completed for each group home program operated by the corporation.

Number of months in cost reporting period _____

CORPORATE NAME:		PROGRAM NAME (IF DIFFERENT)		CORPORATE NUMBER	PROGRAM NUMBER	PROVIDER FISCAL YEAR (MO/YR - MO/YR)	
COST GROUPS		A	B	C	D	E	F
		TOTAL PROGRAM COSTS	OFFSETS	REASONABLENESS ADJUSTMENTS	FINAL COSTS (COL. A MINUS COLS. B & C)	PERCENTAGE OF TOTAL COSTS	CDSS USE ONLY
1	Child Care & Supervision						
2	Social Work Activities						
3	Food						
4a	Shelter Costs - Building Rent & Leases						
4b	Shelter Costs - Approved by Attorney General Self-Dealing Transactions Affiliated Leases						
4c	Shelter Costs - Acquisition Mortgage: Principal & Interest						
5	Building & Equipment						
6	Utilities						
7	Vehicles & Travel						
8	Child-Related						
9a	Executive Director Salary						
9b	Assistance Director Salary						
9c	Administrator Salary						
9d	All Other Admin. Salaries						
9e	Financial Audit Costs						
9f	Administration (Minus Admin. Salaries and Financial Audit Costs)						
TOTAL							
CDSS USE ONLY							KDE DATE

COST REPORT (SR 3)

PURPOSE:

The Group Home Program Cost Report (SR 3) captures monthly data on the actual, allowable and reasonable costs of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. If the non-profit corporation provides services other than those of the group home program, (e.g., day care, on-site education, adult services, foster family agency) costs must be allocated to the appropriate activity and only the allowable group home program costs for one program is to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in the current Foster Care Group Home Regulations (MPP Section 11-402.8 et seq.). Please report all amounts to the nearest whole dollar amounts.

Corporate/Licensee Name: Enter the Corporate/Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Program Name: Enter the Program Name if different from the Corporate/Licensee name.

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by the Department (e.g., 1234.00.01) or specify "No number assigned yet."

Reporting Period: For an existing provider, each cost report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. For a new provider, enter data from the first month of operation through the last month of the provider's fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12" and enter the months for the time period covered in the space provided.

COSTS GROUPS: THE NINE COST GROUP DEFINITIONS ARE AS FOLLOWS:

1. **Child Care and Supervision (CCS):** All costs related to the hours of CCS reported in the Program Classification Report (SR 2) are to be reported. These include functions of day-to-day care of the child that would be considered ordinary parental duties and supervision by the caregiver. Do not include social work activities. Include payroll taxes and employee benefits.
2. **Social Work Activities:** All costs related to direct social work services which include development of needs, services and discharge plans, group and individual counseling and worker-child interaction. Include payroll, payroll taxes and employee benefits, and contract costs (if social worker is on contract).
3. **Food:** All costs related to food planning, preparation and service kitchen supplies and foodstuffs. Include food worker payroll, payroll tax and employee benefits, food expense and kitchen supplies.
- 4a. **Shelter Costs - Building Rent and Leases:** All costs related to actual lease or rental costs, use allowance for capital improvements, taxes, building insurance, and appraisals for leased or rented property.
- 4b. **Shelter Costs - Affiliated Leases, Self-Dealing Transactions:** Costs related to affiliated leases, self-dealing transactions.
- 4c. **Shelter Costs - Acquisition Mortgage Principal & Interest:** All costs related to property owned by the corporation for which the corporation has clear title or a mortgage or deed of trust. Acquisition mortgage and principle must be reported. Include mortgage loans associated with the original financing arrangement. Include use allowance for capital improvements, taxes, building insurance, and appraisals for owned property.
5. **Building and Equipment:** Include building equipment, payroll, payroll taxes and employee benefits, building maintenance, contracts, supplies, equipment leases, equipment depreciation expenses, expendable equipment, and miscellaneous building and equipment expenses.
6. **Utilities:** Utilities include the cost of electricity, natural gas, water, garbage, and sewer.
7. **Vehicles & Travel:** Include vehicle leases, depreciation, operating costs and transportation of the child. Reasonable annual depreciation or lease costs for automobiles are subject to Internal Revenue Service guidelines for business use that are in effect at the time vehicle costs are incurred. Vehicle costs incurred from leaseback transactions are **unallowable**.
8. **Child Related:** Include clothing, personal and incidental expenses for the child, school supplies, planned activities and other child-related costs. County clothing allowances will offset these costs.
- 9a. **Executive Director Salary:** Report annual salary for person designated as the Executive Director. Include payroll, payroll taxes, and benefits (if applicable).
- 9b. **Assistant Director Salary:** Report annual salary for person(s) designated as the Assistant Executive Director. Include payroll, payroll taxes, and benefits (if applicable).

COST REPORT (SR 3) (Continued)

9c. Administrator Salary: Report annual salary for person(s) approved by Community Care Licensing as the Administrator. Include payroll, payroll taxes, and benefits (if applicable).

9d. All Other Administrative Salaries: Report annual payroll-related expenses for staff primarily responsible for the ongoing administration and support functions of the organization, including salaries and wages, overtime, payroll taxes and employee benefits which include vacation, sick leave, contributions to an employee pension plan, and dental and health insurance.

9e. Financial Audit Costs: Report any costs incurred in obtaining an independent audit of the organization's financial statements on line 9e, Column A. If the organization has received reimbursement of financial audit costs as previously allowed by Welfare and Institutions Code Section 11466.21(c) prior to this statute being eliminated, report the amount of the reimbursement as an offset of total costs on Line 9e, Column B of the SR 3.

9f. Administration: (Minus Administrative Salaries and Financial Audit Costs). All costs necessary for the ongoing administration and support functions of the Program. This includes contracts, telephone, postage, freight, office supplies, administrative travel, conferences, meetings, in-service training, memberships, subscriptions, dues, printing and publications, bonding, general insurance, advertising, recruiting and other miscellaneous administrative costs.

TOTAL: For Total Program Costs add lines 1 through 9f under column A and enter the amount. For total Offsets add lines 1 through 9f under column B and enter the amount. For total Reasonable Adjustments add lines 1 through 9f under column C and enter the amount. For total Final Costs add lines 1 through 9f under column D and enter the amount.

GROUP HOME PROGRAM

PAYROLL & FRINGE BENEFIT REPORT (SR 4)

Number of months in cost reporting period: _____

CORPORATE/LICENSEE NAME:	CORPORATE NUMBER:	PROGRAM NUMBER	PROVIDER FISCAL YR (MO/ YR - MO /YR)
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	(1) Child Care & Supervision	(2) Social Work Activities	(3) CDSS USE ONLY
I. PAYROLL (DO NOT INCLUDE BENEFITS)			
II. FRINGE BENEFIT EXPENSE			
1. FICA Employer Tax (include MEDICARE)			
2. Unemployment Coverage (State & Federal)			
3. Workers' Compensation Insurance			
4. Medical Insurance Expense			
5. Retirement			
6. Other (Specify on back of form)			
TOTAL FRINGE BENEFITS (Add Lines 1 through 6)			
III. TOTAL PAYROLL & FRINGE BENEFITS			
IV. CONTRACTOR COSTS			
V. TOTAL (Add Line III and Line IV) Transfer to Column A, Lines 1 and 2, Cost Report (SR 3)			

CDSS USE ONLY

PAYROLL & FRINGE BENEFIT REPORT (SR 4)

PURPOSE:

The Payroll and Fringe Benefit Report (SR 4) captures actual allowable and reasonable costs on payroll and fringe benefits of the Group Home Program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. Report all amounts to the nearest whole dollar amount.

Corporate/Licensee Name: Enter the Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by the Department or specify "No number assigned yet."

Reporting Period: For an existing provider, each Payroll & Fringe Benefit Report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. For a new provider, enter data from the first month of operation through the last month of the provider's fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12".

I. PAYROLL (DO NOT INCLUDE BENEFITS): Enter the total payroll for child care and supervision under column 1. Enter the total payroll for social work activities under column 2.

II. FRINGE BENEFIT EXPENSE:

Line 1. **FICA Employer Tax:** Enter the total FICA Employer Tax (including MEDICARE) for child care and supervision under column 1. Enter the total FICA Employer Tax (including MEDICARE) for social work activities under column 2.

Line 2. **Unemployment Coverage:** Enter the total unemployment coverage for child care and supervision under column 1. Enter the total unemployment coverage for social work activities under column 2. (For example: State Unemployment Insurance, State Employment Training Tax and Federal Unemployment Insurance.)

Line 3. **Workers' Compensation Insurance:** Enter workers' compensation insurance for child care and supervision under column 1. Enter workers' compensation insurance for social work activities under column 2.

Line 4. **Medical Insurance Expense:** Enter the medical insurance expense for child care and supervision under column 1. Enter the medical insurance expense for social work activities under column 2. (Include medical, dental and optical plans paid for the employee by the program.)

Line 5. **Retirement:** Enter the employer's contributions to a retirement plan for employees for child care and supervision under column 1. Enter the employers contributions to a retirement plan for employees for social work activities under column 2.

Line 6. **Other:** Include such items as employer-paid disability insurance, life insurance, housing allowance and the like. Enter the benefits for child care and supervision under column 1. Enter the benefits for social work activities under column 2.

TOTAL FRINGE BENEFITS: Add lines 1 through 6 for child care and supervision and enter under column 1. Add lines 1 through 6 for social work activities and enter under column 2.

III. TOTAL PAYROLL & FRINGE BENEFITS: Add the payroll and total fringe benefits for child care and supervision and enter under column 1. Add the payroll and total fringe benefits for social work activities and enter under column 2.

IV. CONTRACTOR COSTS: Enter contractor costs for social work activities under column 2.

V. TOTAL: "Total" must be carried over to Column A, Lines 1 and 2 of the Group Home Program Cost Report (SR 3).

GROUP HOME PROGRAM DAYS OF CARE SCHEDULE (SR 5)

Submit One For Each Program

CORPORATE NAME:								PROGRAM NAME:				PROGRAM NUMBER				PROVIDER FISCAL YEAR			
												MO YR MO YR							
(1)		(2)										(3)		(4)		(5)			
YEAR																			
MONTH	JANUARY (31)	FEBRUARY (28)	MARCH (31)	APRIL (30)	MAY (31)	JUNE (30)	JULY (31)	AUGUST (31)	SEPTEMBER (30)	OCTOBER (31)	NOVEMBER (30)	DECEMBER (31)	TOTAL	AVERAGE	CDSS USE ONLY				
1. Clients at Beginning of Month																			
2. Admissions																			
3. Discharges																			
4. Actual Number of Client Days																			
5. Licensed Program Capacity																			
6. 90% of Licensed Program Capacity																			
CDSS USE ONLY																			

KDE DATE:

DAYS OF CARE SCHEDULE (SR 5)

PURPOSE:

The Days of Care Schedule (SR 5) captures historical or projected monthly data on the occupancy and licensed capacity of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one schedule per group home program.

Corporate Name: Enter the Licensee/Corporate name shown on the Group Home Program Rate Application (SR 1).

Program Name: Enter the program name, if any, shown on the SR 1.

Program Number: Enter number previously assigned by the Department. For a new provider application: leave blank.

Reporting Period: Based on the provider's fiscal year, enter the first month and its year through the last month and its year. Ongoing applications are based on the provider's previous fiscal year. The reporting period must be the same as that on the Program Classification Report (SR 2). Programs with less than twelve months of operation should not enter data for a month prior to the effective date of the program. For a new provider application, enter the proposed first month through twelfth month of operation.

Column 1 -Year

Indicate the year above the appropriate months in column 2.

Line 1. Clients at Beginning of Month

Enter the number of children in placement at the beginning of each month for the reporting period. All children in a given program are to be included, regardless of funding source.

(Note: Children of minor parents in placement, funded through SB 510 funding are not considered to be in placement and would not be included in this count.)

Line 2. Admissions

Enter the total number of children admitted into the program for each month.

Line 3. Discharges

Enter the total number of children discharged from the program for each month.

Line 4. Actual Number of Client Days

Enter the actual number of days of care provided. To calculate the actual number of days of care, multiply the number of children who were in the program for the entire month by the number of days in the month. (The number of days in each month is listed under each month's name on the form. Note: February has 29 days in a leap year.) Add the number of days for other children admitted or discharged during the month.

NOTE: The first day of care is counted: the last is not.

Example: Bryan and Tim were residents for the full month of July. Robert was admitted on July 10. James was discharged on July 21.

Calculation:

Bryan and Tim	62	(2 residents x 31 days)
Robert	22	(count the first day)
James	20	(do not count the last day)
	104	Actual Number of Client Days for July

Line 5. — Licensed Program Capacity: Enter the capacity as stated on the license in effect for each month. If the capacity changed during the month, enter the prorated capacity for the month.

Example: The capacity of a six-bed program increased to 12 beds on June 16. The average capacity for June is nine beds.

Line 6. — 90% of Licensed Program Capacity: Multiply the licensed capacity in line 5 by 90 percent and enter. This item will also transfer to the SR 2, column 1. NOTE: The minimum amount that may be entered on the SR 2, column 1 is 5.4.

Column 3 — Total:

Line 4 — Total the monthly client days.

Line 5 — Total the monthly capacities.

Column 4 — Average:

Line 5 — Average licensed program capacity: Divide the number in column 3 by the number of months in the reporting period.

Line 6 — Average of 90% of licensed program capacity: Multiply the number in column 4, line 5 by 90 percent.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-05-0516-04	REGULATORY ACTION NUMBER 05-1209-03c	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2005 DEC -9 PM 4:05

OFFICE OF
ADMINISTRATIVE LAW

FILED
in the office of the Secretary of State
of the State of California

JAN 23 2006

At 1:27 O'clock P M

Dance Plena

NOTICE	REGULATIONS
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services	

AGENCY FILE NUMBER (if any)
ORD# 0305-05

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed ☐ Regulatory Action		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 05/1209-03c	PUBLICATION DATE 5-29-2005

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Fry v. Saenz Court Case Eligibility for CalWORKs	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 05-0412-02E and 05-0809-01EE
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually)	ADOPT
	AMEND 42-101
	REPEAL
TITLE(S) MPP	

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☐ Emergency (Gov. Code, § 11346.1(b))	☐ Emergency Readopt (Gov. Code, § 11346.1(h))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☐ Print Only	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)
N/A

5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))

☐ Effective 30th day after filing with Secretary of State	☒ Effective on filing with Secretary of State	☐ Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Alison Garcia, Manager, Office of Regs	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Alison.Garcia@dss.ca.gov
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8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Robert Sertich

DATE

12/7/05

TYPED NAME AND TITLE OF SIGNATORY

Robert Sertich, Acting Director

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 4-99) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the

regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number for the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for reoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6815.

1. Amend Section 42-101 to read:
2. Post-Hearing: Amend Section 42-101.6 to read:

42-101 AGE REQUIREMENT (Continued)

42-101

- .3 Children who currently receive or have in the past received SSI/SSP benefits shall be considered disabled. Parent/caretaker relatives shall cooperate with the CWDs to obtain verification of receipt of SSI/SSP benefits. Past or present 18-year-old recipients of SSI/SSP benefits who attend school full-time shall be considered an eligible child in their parent/caretaker relative's AU and aid shall continue for the otherwise eligible parent/caretaker relative until the child completes the program, turns 19 or stops attending school full-time, whichever occurs first.
 - .31 Verification may include a copy of a Social Security determination letter. To determine if the child who is turning 18-years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5 (b).
- .4 Children who currently receive or have in the past received services through a Regional Center Program pursuant to the Lanterman Act shall be considered disabled. Parent/caretaker relatives shall cooperate with the CWD to obtain verification of receipt of services. Otherwise eligible 18-year-olds who attend school full-time and are considered disabled under this criterion shall be eligible for CalWORKs benefits until they complete the program, turn 19 or stop attending school full-time, whichever occurs first.
 - .41 Verification may include a statement from the Regional Center stating that the child is currently receiving or has in the past received services. To determine if the child who is turning 18-years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5(b).
- .5 Children who currently receive services at school in accordance with their Individual Education Plan (IEP) or receive services under/pursuant to Section 504 of the Rehabilitation Act (e.g., a Section 504 Plan or Section 504 Accommodation Plan) or have received such services in the past, shall be considered to be disabled. Parent/caretaker relatives shall cooperate with the CWD to obtain verification of receipt of services. Otherwise eligible 18-year-olds who attend school full-time and are considered disabled under this criterion shall be eligible for CalWORKs benefits until they complete the program, turn 19 or stop attending school full-time, whichever occurs first.
 - .51 Verification may include a copy of the child's IEP or Section 504 Plan/Section 504 Accommodation Plan (MPP 40-105.5 (b)). To determine if the child who is turning 18 years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5 (b).

- .6 When a child's disability cannot be verified by the criteria described above, the parent/caretaker relative can provide independent verification or authorize the CWD to obtain documentation of a current or past disability from a health care provider or a trained, qualified learning disabilities evaluation professional ~~of a current or past disability as described in MPP Section 42-722.46~~. Otherwise eligible 18-year-olds who attend school full-time and are considered disabled under this criterion shall be eligible for CalWORKs benefits until they complete the program, turn 19 or stop attending school full-time, whichever occurs first. To determine if the child who is turning 18-years-old is attending school full-time, verification shall be obtained in accordance with MPP Section 40-105.5(b).

Authority Cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 10063(a) and 11253, Welfare and Institutions Code, Fry v. Saenz 98 Cal.App.4th 256, and Fry v. Saenz, (Sacramento County Superior Court), Case No. 00CS01350, Judgment and Peremptory Writ of Mandate, July 7, 2004.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. '4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z- 05-0621-09	REGULATORY ACTION NUMBER 05-1228-026	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2005 DEC 28 PM 3:45

OFFICE OF
ADMINISTRATIVE LAWFILED
in the office of the Secretary of State
of the State of California

FEB 10 2006

At 9:03 O'clock P.M.

Deane Brown

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
California Department of Social ServicesAGENCY FILE NUMBER (If any)
ORD #0704-04

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 05-1228-026	PUBLICATION DATE 7-1-2005

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Food Stamp Eligibility for Former Drug Felons	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 05-0621-06EFP
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually)	ADOPT
	AMEND 63-103.2; 63-300.5; 63-402.229; 63-503.241; 63-509(b) and (c); and 63-801.737(QR)
TITLE(S) MPP	REPEAL

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☐ Emergency (Gov. Code, § 11346.1(b))	☐ Emergency Readopt (Gov. Code, § 11346.1(h))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☐ Print Only	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))

☐ Effective 30th day after filing with Secretary of State	☒ Effective on filing with Secretary of State	☐ Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Alison Garcia, Manager, ORD	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) ()	E-MAIL ADDRESS (Optional)
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8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE



DATE

12/12/05

TYPED NAME AND TITLE OF SIGNATORY

Robert Sertich, Chief Deputy Director

Amend Sections 63-103.2(d)(3) and (f) to read:

Post-hearing: Amend Sections 63-103.2(f)(14)(QA) and (15)(QA) to read:

63-103 DEFINITIONS--FORMS (Continued)

63-103

.2 Forms Listing (Continued)

d. (Continued)

(3) DFA 285-A2 (rev. 12/04) - Application for Food Stamps - Part (2)

The DFA 285-A2 is completed by applicants and is used to collect the information necessary to determine an applicant's eligibility and benefit level. (Continued)

f. (Continued)

(14) (Continued)

(QR) FS 22 QR (rev. 4/12/04) - Applying for Food Stamp Benefits

An FS 22 QR is a required form, but substitutes are permitted if the CWD obtains prior approval. The form is used to reflect the change to QR for most food stamp households. This form is used for all NAFS households. (Continued)

(15) (Continued)

(QR) FS 23 QR (rev. 05/04 3/05) - How to Report Household Changes

An FS 23 QR is a required form, but substitutes are permitted if the CWD obtains prior approval. The FS 23 QR informs about reporting requirements for the Food Stamp Program, which include reporting changes on the QR 7, mandatory mid-quarter reports and voluntary mid-quarter reports.

(16) FS 26 (3/05) - Food Stamp Program Qualifying Drug Felon Addendum

An FS 26 is a required form, no substitutes are permitted. The FS 26 is provided to the household for completion to determine the food stamp eligibility of the drug felon. The FS 26 is used when adding a household member not included on the DFA 285A2, or when additional information is needed on a drug related felony conviction. (Continued)

Authority cited: Sections 10554, 11265.1, .2, and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11265.1, .2, and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code; 7 CFR 273.2(b)(ii), (e) and (f); U.S.D.A. Food and Consumer Services Administrative Notice No. 94-22, dated January 7, 1994; Federal Register, Vol. 66, No. 229, dated November 28, 2001; and Food Nutrition Service Quarterly Reporting/Prospective Budgeting waiver approval dated April 1, 2003.

Amend Section 63-300.5(e) to read:

63-300 APPLICATION PROCESS (Continued)

63-300

.5 Verification (Continued)

(e) Mandatory Verification (Continued)

(11) Conditions of Eligibility for Drug Felons

Individuals convicted in a state or federal court of a felony that has as an element the possession or use of a controlled substance (not a disqualifying felony specified in MPP Section 63-402.229) shall, as a condition of eligibility, provide proof of one of the following in (A) through (E) below. When such proof is not available, the CWD shall accept self-certification under penalty of perjury as proof.

- (A) Completion of a government-recognized drug treatment program.
- (B) Participation in a government-recognized drug treatment program.
- (C) Enrollment in a government-recognized drug treatment program.
- (D) Placement on a waiting list for a government-recognized drug treatment program.
- (E) Other evidence that the illegal use of controlled substances has ceased.

The applicant must state what the other evidence is and provide proof. The applicant must also certify under penalty of perjury that their illegal use of controlled substances has ceased. The CWD shall consider the evidence and must clearly document the reasons upon which denial or approval of benefits is made.

(12) Government-Recognized Drug Treatment Program

The term "government-recognized drug treatment program" is a program licensed, certified, or funded by a government entity, or a program in which a government or court entity has directed the applicant to participate. Sober Living Environment group living facilities emphasizing "Clean and Sober" living shall also be considered government-recognized programs. Living in a government-recognized drug treatment program shall be considered proof that an individual has ceased the illegal use of controlled substances.

(f) Optional Verifications (Continued)

Authority cited: Sections 10554, 11265.1, .2 and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11023.5, 11265.1, .2, and .3, 11348.5, 18901.3, 18901.10, 18904, 18910, and 18932, Welfare and Institutions Code; 7 Code of Federal Regulations (CFR) 273.2(b)(ii), (c)(2)(i) and (ii), (c)(3), (c)(5), (e)(1), (e)(2), (e)(3), (f)(1)(i)(C), (ii)(B)(1), (2), (3), and (C), and (iii)(h)(1)(i)(D), and proposed (f)(1)(xii) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994, (f)(3), (f)(3)(ii), (f)(8), (h), (h)(1)(i)(D), and (j)(1); 7 CFR 273.4(a)(2) and (10) and (c)(2); 7 CFR 273.7(i)(4) and (j)(1); 7 CFR 273.12(c) and (c)(3); 7 CFR 273.14(b)(3)(i), (iii) and (b)(4) and (e); 7 CFR 273.21(h)(2)(iv), (i), and (j)(3)(iii)(B); USDA Food and Nutrition Service Office, Western Region, Administrative Notice 84-56, Indexed Policy Memo 84-23; Food Nutrition Service Quarterly Reporting/Prospective Budgeting waiver dated April 1, 2003; 7 U.S.C.A. 2020(e)(2); Americans with Disabilities Act (ADA), Public Law (P.L.) 101-336, 1990; U.S.D.A., Food and Consumer Services, Administrative Notice No. 94-22, dated January 7, 1994; Chapter 306, Statutes of 1988, and AB 1371, Chapter 306, Statutes of 1995; Blanco v. Anderson Court Order, United States District Court, Eastern District of California, No. CIV-S-93-859 WBS; JFM, dated January 3, 1995, and Federal Register, Vol. 66, No. 229, dated November 28, 2001.

Amend Section 63-402.229 to read:

63-402 HOUSEHOLD CONCEPT (Continued)

63-402

.2 Nonhousehold and Excluded Household Members (Continued)

.22 Excluded Household Members (Continued)

.229 Convicted Drug Felon

An individual who has been convicted in a state or federal court of a felony that has as an element, the distribution of a controlled substance or other disqualifying conviction consisting of any of the elements listed in Section 63-402.229(a) or (b). The conviction must be for conduct occurring after August 22, 1996. Controlled substance is defined in Section 102(6) of the Controlled Substances Act [21 U.S.C. Section 802(6)].

- (a) Unlawfully transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for purposes of sale, manufacturing a controlled substance, possessing precursors with the intent to manufacture a controlled substance, or cultivating, harvesting, or processing marijuana or any part thereof pursuant to Section 11358 of the Health and Safety Code.
- (b) Unlawfully soliciting, inducing, encouraging, or intimidating a minor to participate in any activity in Section 63-402.229(a).

HANDBOOK BEGINS HERE

- (c) The term "convicted" also includes a plea of guilty or nolo contendere.

HANDBOOK ENDS HERE

.3 (Continued)

Authority cited: Sections 10554, 18901.3, and 18904, Welfare and Institutions Code.

Reference: Sections 10554, 11251.3, 11486.5, 18901.3, and 18904, Welfare and Institutions Code; 7 Code of Federal Regulations (CFR) 273.1(a)(1) through (a)(2)(ii) through (b)(2)(iii), (c), (c)(1) and (6), (d)(1) and (2), (e)(1), and (g); 7 CFR 273.2(j)(4); 7 CFR 273.9(b)(2)(ii); 7 CFR 273.10(c)(1)(i); 7 CFR 273.11, .11(b)(1) and (f); 7 CFR 274.5; and 7 CFR 274.10; Public Law (P.L.) 100-77, Section 802; P.L. 103-66; USDA Food and Nutrition Service (FNS), Administrative Notice (AN) 89-65; AN 94-39; AN 98-43; USDA FNS Policy Memo 89-11 and 89-12; 7 U.S.C. 2015(d)(1), P.L. 104-193, Sections 115, 803, 815, and 821 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996); and the Balanced Budget Act of 1977 (Sections 5516 and 5518).

Amend Section 63-503.441 to read:

63-503 DETERMINING HOUSEHOLD ELIGIBILITY AND BENEFIT LEVELS 63-503
(Continued)

.4 Households with Special Circumstances

.44 Treatment of Income and Resources of Excluded Members

.441 Household Members Excluded for Conviction of a Disqualifying Drug Felony, IPV Disqualification, Workfare or Work Requirement Sanction, or is a Fleeing Felon and/or a Probation/Parole Violator

During the period of time that a household member is ineligible to participate because of conviction of a disqualifying drug felony as specified in MPP Section 63-402.229, disqualification for IPV, noncompliance with work requirements as specified in Section 63-407.4, imposition of a sanction while participating as a member of a household disqualified for failure to comply with workfare requirements, or is a fleeing felon and/or a probation/parole violator, the eligibility and benefit level of any remaining household members shall be determined as follows:

(a) (Continued)

Authority cited: Sections 10553, 10554, 10604, 11265.1, .2 and .3, 11369, 18901.3, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11265.1, .2, and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code; 7 Code of Federal Regulations (CFR) 271.2; 7 CFR 272.3(c)(1)(ii); 7 CFR 273.1(b)(2)(iii), (c)(3)(i), (ii) and (e)(1)(i) as published in the Federal Register, Volume 59, No. 110 on June 9, 1994; 7 CFR 273.2(j)(4); 7 CFR 273.4(c)(2), (c)(2)(i), (c)(2)(i)(A), (c)(2)(iv), (c)(2)(v), (c)(3)(v), and (e)(1) and (2); 7 CFR 273.9(b)(1)(ii), (b)(2)(ii), and (d)(6)(iii)(F); 7 CFR 273.10; 7 CFR 273.10(a)(1)(iii)(B); 7 CFR 273.10(c)(2)(iii), (c)(3)(ii), proposed amended 7 CFR 273.10(d) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994; (d)(1)(i), (d)(2), (d)(3), (d)(4), and proposed (d)(8) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994, and proposed amended 7 CFR 273.10(e)(1)(i)(E-H) as published in the Federal

Register, Vol. 59, No. 235 on December 8, 1994; 7 CFR 273.11(a)(1)(i) through (iii), (a)(2)(i), (b)(1), (b)(1)(i) and (ii), (c), (c)(1), (c)(2), (c)(2)(iii), (c)(3)(ii), (d)(1), and (e)(1); 7 CFR 273.12(a)(1)(i)(A), (a)(1)(i)(B), (a)(1)(i)(C)(2), and (c)(3)(iv); 7 CFR 273.21(f)(2)(ii), (iii), (iv), and (v), (g)(3), (j)(1)(vii)(B), and (S); 7 CFR 273.24(b)(4); (Court Order re Final Partial Settlement Agreement in Jones v. Yeutter (C.D. Cal. Feb. 1, 1990) _____ F. Supp. _____; Waiver Letter WFS-100:FS-10-6-CA, dated October 2, 1990, U.S.D.A., Food and Consumer Services; Administrative Notice No. 89-12, No. 92-23, dated February 20, 1992, No. 94-39, and No. 94-65; Public Law (P.L.) 100-435, Section 351, and P.L. 101-624, Section 1717; [7 United States Code (U.S.C.) 2012, 2014(e), and 2017(c)(2)(B)]; 7 U.S.C. 2015(d)(1); 8 U.S.C. 1631, P.L. 104-193, Sections 115, 815, 821, 827 and 829 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996); Federal Food Stamp Policy Memos 82-9 dated December 8, 1981, and 88-4 dated November 13, 1987, Federal Register, Vol. 66, No. 229, dated November 28, 2001, USDA FNS AN 03-23, dated May 1, 2003; and Food and Nutrition Service Quarterly Reporting/Prospective Budgeting waiver approval dated April 1, 2003.

Amend Sections 63-509(b)(1)(B) and (c)(1) to read:

63-509 INCOME ELIGIBILITY AND BENEFIT CALCULATION
FOR QUARTERLY REPORTING (Continued)

63-509

- (a) Income Eligibility and Grant Calculation for Quarterly Reporting Households
(Continued)
- (b) Mandatory Mid-Quarter Changes to Benefits
 - (1) Mandatory Recipient Mid-Quarter Reports (Continued)
 - (A) (Continued)
 - (B) Action shall be taken on the food stamp case when the following mandatory CalWORKs changes are reported in the CalWORKs program:
 - 1. Disqualifying drug felony convictions as specified in MPP Section 63-402.229;
 - 2. (Continued)
 - (c) Action on Mandatory Recipient Mid-Quarter Reports
 - (1) Disqualifying Drug Felony Conviction, Fleeing Felon Status, Parole/Probation Violations

Food stamp recipients are not required to report a change in disqualifying drug felon status or fleeing felon status or probation/parole violations mid-quarter. However, if a CalWORKs household reports disqualifying drug felon or fleeing felon status or a parole/probation violation, the CWD shall be required to act on the reported information in the food stamp case. The CWD must discontinue the individual from the PAFS household at the same time CalWORKs discontinues the individual, at the end of the month after 10-day notice can be provided.
 - (2) (Continued)

Authority Cited: Sections 10553, 10554, 11265, 18901.3, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11265.1, .2, and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code and Federal Nutrition Service Quarterly Reporting/Prospective Budgeting waiver approval dated April 1, 2003.

Correct Handbook Section 63-801.737(b)(QR) to read:
Post-hearing: Correct Handbook Section 63-801.737(b)(QR) to read:

63-801 CLAIMS AGAINST HOUSEHOLDS (Continued)

63-801

.7 Method of Collecting Payments (Continued)

.73 Reduction in Food Stamp Allotments (Continued)

(QR) .737 Recoupment by Allotment Adjustment for QR Households

(QR) (b) (Continued)

HANDBOOK BEGINS HERE

The following examples provide some guidance in the determination of O/Is in QR.

Late Mandatory Mid-Quarter Reporting: The recipient is in the April/May/June quarter. The mother is in a Public Assistance Food Stamp household of three and is convicted of a disqualifying drug felony on April 25 and reports the conviction on April 26. The report is considered timely, because it was made within 10 days. The CWD is unable to decrease benefits for May to reflect discontinuance of the ineligible household member, because there is insufficient time to provide 10-day notice. Benefits must be issued for May in the same amount that was issued in April, and the CWD must take action to decrease benefits effective June 1. The CWD shall not establish an O/I for the May allotment, because the recipient reported the change timely. (Continued)

HANDBOOK ENDS HERE

.74 (Continued)

Authority cited: Sections 10554, 11265.1, .2 and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11265.1, .2, and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code; 7 CFR 271.2; 7 CFR 273.18, 7 CFR 273.18(a), (a)(1)(ii), and (a)(2); 7 CFR 273.18(b)(3); 7 CFR 273.18(c)(1)(i), (c)(1)(ii), (ii)(b), and (c)(2)(ii) (Federal Register, Vol. 58, No. 209, pp. 58454 and 58455, dated November 1, 1993); 7 CFR 273.18(d)(4)(iii); 7 CFR 273.18(e)(1); 7 CFR

273.18(e)(3)(iv); 7 CFR 273.18(e)(3)(v); 7 CFR 273.18(e)(5)(v); 7 CFR 273.18(e)(6)(ii); 7 CFR 273.18(e)(7)(i); 7 CFR 273.18(f); 7 CFR 273.18(g)(4)(ii); 7 CFR 273.18(g)(6); 7 CFR 273.18(g)(8); 7 CFR 273.18(g)(9); 7 CFR 273.18(h)(4); 7 CFR 273.18(i); 7 CFR 273.18(k)(5); 7 CFR 273.18(n)(1)(i); 7 U.S.C. 2022(a)(1); U.S.D.A., Food and Nutrition Service letter WFS-100:FS-10-6-CA, dated October 7, 1991; Food and Nutrition Service Quarterly Reporting/Prospective Budgeting waiver approval dated April 1, 2003; P.L. 104-193, Sections 809 and 844 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996) and Lomeli v. Saenz, Sacramento Superior Court, Case #98CS01747.

Statement of Facts

This form is designed to be filled out by the eligibility worker during the face-to-face interview with the applicant. However, it can be completed by the client in special situations, such as recertifying the food stamp household or applying by mail.

A. Are all persons in the household U.S. citizens?
☐ Yes ☐ No
(If yes, skip to E)

Applicants do not have to provide immigration status information or documents for any family members who are not eligible because of immigration status and who are not applying for benefits.

Name of Person:	Sponsored?	How many years has each person in your household been in the U.S.?	In how many of those years did you, your spouse, and/or your parents (before you were 18) earn money through work in the U.S.?	How many years, if any, did you, your spouse, and/or your parents (before you were 18) work in the U.S. or for a U.S. company while not living in the U.S.?
1.	☐ Yes ☐ No			
2.	☐ Yes ☐ No			
3.	☐ Yes ☐ No			
4.	☐ Yes ☐ No			
5.	☐ Yes ☐ No			
6.	☐ Yes ☐ No			
7.	☐ Yes ☐ No			
8.	☐ Yes ☐ No			
9.	☐ Yes ☐ No			
10.	☐ Yes ☐ No			

B. Is any noncitizen in the home on active duty in the U.S. military, a veteran, or the spouse or dependent child of someone on active duty or a veteran? If yes, explain:
☐ Yes ☐ No

Name of person:	Branch of service:	Date served:

C. Is anyone in the home a battered noncitizen?
☐ Yes ☐ No

D. Does anyone have at least 40 quarters or 10 years of work history in the USA? If yes, give their name(s) below:
☐ Yes ☐ No

Name of person(s) with at least 40 work quarters:

COUNTY USE ONLY

Case Name

Case Number

Worker Number Date

TYPE OF APPLICATION

☐ New ☐ Recert.
☐ Residency verified
☐ Length of time in another's home

☐ FS ID verified
☐ Received food stamps
 Where? _____
 When? _____

Household Information

Name	Eligible?	Reasons
1.	☐ Yes ☐ No	
2.	☐ Yes ☐ No	
3.	☐ Yes ☐ No	
4.	☐ Yes ☐ No	
5.	☐ Yes ☐ No	
6.	☐ Yes ☐ No	
7.	☐ Yes ☐ No	
8.	☐ Yes ☐ No	
9.	☐ Yes ☐ No	
10.	☐ Yes ☐ No	

Honorable Discharge verified
☐ YES ☐ NO

USCIS Petition Filed?
☐ YES ☐ NO

☐ 40 Quarters Verified
☐ Own Quarters
☐ Spouse's Quarters
☐ Spouses' Combined Quarters
☐ Parent(s) Quarters

CFAP ☐ YES ☐ NO
 Person #: _____

Statement of Facts

E. Is anyone in the home 60 years of age or older and unable to buy food and fix meals? Is anyone in the home blind, deaf, disabled or pregnant? If yes, explain below:

☐ Yes ☐ No

Name	Explain	Name	Explain

F. Does anyone live in any of the following types of facilities or take part in any food program including those listed below? If yes, explain below:

☐ Yes ☐ No

- Homeless shelter
- Shelter for battered women
- Reservation for Native Americans
- Drug/Alcohol rehabilitation center
- Federally subsidized housing
- Communal dining facility for the elderly/disabled
- Group living arrangement for the blind/disabled
- Food distribution program
- Correctional facility/Penal institution
- Psychiatric hospital
- Mental institution

Name	Name of center/shelter/food program/etc.	Date entered	Date expected to leave

G. Do you pay anyone or does anyone pay you for meals and/or a room? If yes, explain below:

☐ Yes ☐ No

Name of person who pays for meals/room	Name of person who provides meals/room	Check: ☒ Meals ☐ Room ☐ Both	How much?	How often?	# of meals per day?

H. Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole? If yes, explain below:

☐ Yes ☐ No

Name	Explain	Name	Explain

I. Since August 22, 1996, have you or any member of your household been convicted of a drug-related felony? ☐ Yes ☐ No (If no, go to Question K)

If yes: _____ Name _____ Date Convicted _____

Was the conviction for any of the following:

- Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana?
- Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities?

☐ Yes ☐ No

☐ Yes ☐ No

J. Have you or any member of your household:

- a) Completed a government recognized drug treatment program?
- b) Participated in a government recognized treatment program?
- c) Enrolled in a government recognized drug treatment program?
- d) Been placed on a waiting list for a government recognized drug treatment program?
- e) Ceased the use of controlled substances and have evidence that you have ceased?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

If yes, please explain: _____

COUNTY USE ONLY

Separate household required
☐ YES ☐ NO

Medical Expenses
DFA 285C Completed
☐ YES ☐ NO

FS Eligible Facility
☐ YES ☐ NO

Household Elects

Boarder HH Member Roomer

Boarder HH Member Roomer

Qualifying Drug Felony?
☐ YES ☐ NO

Meets Felony Conditions of Eligibility?
☐ YES ☐ NO

Statement of Facts

K. Have food stamp benefits been stopped for anyone because of work or training sanctions or failure to meet able-bodied adult without dependent (ABAWD) work requirements or for an Intentional Program Violation or welfare fraud? If yes, explain below:

☐ Yes ☐ No

Name	What?	Why?	When?	How Long?	What County/State?

L. Is anyone, 16 years of age or older, enrolled in school, college, or a training program? If yes, explain below:

☐ Yes ☐ No

Name of person	Name of school	☐ Full time ☐ Half time ☐ Other	# of units per semester/qtr	Working? ☐ Yes ☐ No # of hours: _____
Name of person	Name of school	☐ Full time ☐ Half time ☐ Other	# of units per semester/qtr	Working ☐ Yes ☐ No # of hours: _____

M. Has anyone in the last 60 days quit/refused work or training? Is anyone on strike? If yes, explain below:

☐ Yes ☐ No

☐ Yes ☐ No

Name of person	On strike Quit/Refused Work	Last day worked	Last date paid
	☐ ☐		
Name/Address of employer/training		If quit or refused work/training, explain.	

N. Has anyone sold, spent, or given away any real or personal property in the last 3 months, such as a house, bank account, money from a legal or accident settlement or anything else? If yes, explain below:

☐ Yes ☐ No

Name	Explain

O. Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)? If yes, explain below:

☐ Yes ☐ No

Type	Address or location	Used as: ☐ Home ☐ Rental	Owner:	Estimated value: Amount owed:
Type	Address or location	Used as: ☐ Home ☐ Rental	Owner:	Estimated value: Amount owed:

COUNTY USE ONLY

Exemption from FS work registration and/or the ABAWD work requirements?
☐ YES ☐ NO

Good cause if sanction was imposed?
☐ YES ☐ NO

Minimum FS sanction completed?
☐ YES ☐ NO

Met ABAWD requirements for regaining eligibility?
☐ YES ☐ NO

Eligible for 3 consecutive ABAWD months?
☐ YES ☐ NO

FS Eligible Student
☐ YES ☐ NO

FS Eligible Student
☐ YES ☐ NO

Striker Regs Apply
☐ YES ☐ NO

Gross Monthly Income Earned from Job Before the Strike
\$ _____

Voluntary Quit
☐ YES ☐ NO
Good Cause
☐ YES ☐ NO

Statement of Facts

P. Does anyone, including children, have any of the resources listed below? If yes, please explain below:

☐ Yes ☐ No

- | | | | |
|---|--|---|---|
| ☐ Cash or checks | ☐ Mortgages | ☐ Employee deferred compensation | ☐ IRA or Keogh Plans |
| ☐ Retirement funds | ☐ Money market accounts | ☐ Checking or Savings accounts | ☐ Oil, mining, or mineral rights |
| ☐ Sales contracts | ☐ Trust funds | | ☐ Other |
| ☐ Stocks, Bonds, Certificates of Deposit | ☐ Credit union accounts | | |

Type of resource	Owner	Current value	Amount owed (if any)	Name & Address of bank/institution	Account number

Q. Does anyone, including children, get or expect to get money from any source listed below?

☐ Yes ☐ No

- | | | | |
|--|--|--|---|
| <ul style="list-style-type: none"> Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF) State benefits (Unemployment or Disability Insurance Benefits) | <ul style="list-style-type: none"> Veterans administration payments (Disability, Education, Aid and Attendance, etc) Social Security Benefits or SSI/SSP Railroad retirement board (Disability or Retirement) | <ul style="list-style-type: none"> Other disability, retirement, survivors Child/Spousal support Educational grants, loans and/or scholarships Per capita payments | <ul style="list-style-type: none"> Winnings (bingo, lottery, prizes, etc) Strike benefits Training allowances Other |
|--|--|--|---|

Name	Source of money	How much?	How often?

R. Is anyone in the home, including children, working or expecting to work in the next two months? If yes, explain below:

☐ Yes ☐ No

Name	Employer/Address	# of hours worked per month	Monthly Gross income

S. Does anyone pay for care of a child or disabled adult, so they can go to work, training, school, or look for a job? If yes, explain below:

☐ Yes ☐ No

Name of person(s) who receives care	Name of person who pays	How much?	How often?
		\$	
		\$	

COUNTY USE ONLY

Total Value =

SSI pending ☐ YES ☐ NO

Interim Assistance ☐ YES ☐ NO

GA ☐ YES ☐ NO

CAPI ☐ YES ☐ NO

Person #

☐ Self-employed?

☐ Actual ☐ 40%

Is the caretaker a household member?

☐ YES ☐ NO

Statement of Facts

T. Does anyone else pay all or part of your child care costs?
If yes, explain below:

☐ Yes ☐ No

Name of person who pays

How much do they pay?

\$ _____ per _____

U. Does anyone in the home pay child support?
If yes, explain below:

☐ Yes ☐ No

Name of person who pays	Name of child(ren) getting child support	Amount paid per month	Court ordered?
		\$ _____	☐ YES ☐ NO
		\$ _____	☐ YES ☐ NO

V. Do you or anyone living in the home have any housing costs?

☐ Yes ☐ No

	Name	Total cost	Amount you pay	Amount family or other household members pay	How often billed
Rent or house payment		\$ _____	\$ _____	\$ _____	
Property taxes and insurance (if separate)		\$ _____	\$ _____	\$ _____	
Gas, electric, or other fuel used for heating or cooling		\$ _____	\$ _____	\$ _____	
Water, sewage, garbage		\$ _____	\$ _____	\$ _____	
Telephone		\$ _____	\$ _____	\$ _____	
Other expense		\$ _____	\$ _____	\$ _____	

W. You can authorize someone else in your household or someone outside your household to pick up your food stamps. If you would like to authorize someone, complete below:

Name of authorized representative	Address of authorized representative	Phone number

X. Are you interested in information or a referral for medical coverage (Medi-Cal or Healthy Families)?

☐ Yes ☐ No

COUNTY USE ONLY

Court order on file?

☐ YES ☐ NO

Amount ordered: \$ _____

Total housing verified?

☐ YES ☐ NO

Total housing

\$ _____

Shared housing

☐ YES ☐ NO

Utilities verified?

☐ YES ☐ NO

Heating or Cooling verified?

☐ YES ☐ NO

Client elects?

☐ Actual ☐ SUA

If actual

Total utilities

\$ _____

SUA prorated?

☐ YES ☐ NO

Statement of Facts

CERTIFICATION

I understand the questions on this form.

I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and employment agencies, etc.

I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for food stamp benefits.

I understand that the information the county gets from USCIS and/or Social Security may affect my eligibility for food stamp benefits.

I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my food stamp benefits may be denied or stopped.

I understand my rights and responsibilities (DFA 285 A3) and agree to comply with my responsibilities.

I understand the penalties, including the specific disqualification penalties for food stamp benefits, explained in DFA 285 A3, for giving incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for food stamp benefits.

■ I understand that the food stamp household, any adult member of the food stamp household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.

■ I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.

■ I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get food stamp benefits.

■ I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for manufacturing, sale or, distribution of a controlled substance or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.

I understand that, if the county has completed this form based on my answers, I have reviewed and I agree that the information has been accurately recorded. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date

APPLYING FOR FOOD STAMP BENEFITS

The Food Stamp Program helps you buy nutritious food for you and your family. This document will tell you more about how the program works and what you need to do in order to apply for benefits.

The county food stamp office wants to get you the help you need. **If you have a disability or need help with applying or continuing to receive food stamp benefits, let a county worker know.**

The law says that everyone who applies for or receives benefits and services must be treated fairly. Every county has a civil rights coordinator. If you feel you have been discriminated against, contact the civil rights coordinator in your county or call 1-800-952-5253. Look in your application for more information about filing a complaint.

HOW DO I APPLY?

You can apply for food stamp benefits by completing a food stamp application and returning it to a food stamp office in the county where you live. When you apply for food stamp benefits, you are applying for everyone in the household who buys and prepares food together, but you do not have to apply for people who are ineligible because of their immigrant status.

- ✧ If you need food stamp benefits right away because you don't have much money, you may get food stamp benefits within three (3) days of turning in your application. This is called "Expedited Service." Not everyone can get Expedited Service, but it's a good idea to ask.
- ✧ After turning in an application, most people will be scheduled for an interview at the food stamp office. If you can't come to the office for your interview, you may be able to have your interview by phone, a worker may be able to come to your home, or other arrangements can be made. You may also authorize someone to go to the office and apply for you.
- ✧ During this interview, a county worker will go over the application and ask you more questions to complete the application process. You will need to gather the documents listed on this page and bring them to your interview.
- ✧ If you applied for both CalWORKs and food stamp benefits, but were denied CalWORKs, your original food stamp application will still be processed.

CHECKLIST OF THINGS TO BRING TO YOUR INTERVIEW

During your interview, the food stamp worker will need to see certain documents. If you have questions about what to bring, call the food stamp office. If you don't have all of your documents, be sure to go to your interview anyway—your worker may help you get the documents. They will also tell you if there is another way to show proof of the information you give.

■ Personal Identification

You will need to prove who you are. You can bring a birth certificate, driver's license, school or work I.D., voter registration, Social Security card, a sworn statement from someone who knows you, or an identification form from General Assistance or General Relief. If you have no address, be prepared to tell the worker where you are staying. If you are an immigrant, bring immigration papers for everyone who is applying for food stamp benefits.

□ Social Security Number

You will need to provide social security numbers for all members of your household who have them. You don't have to bring in the cards, just the numbers. If someone doesn't have a social security number, you need to bring proof (such as a letter from the Social Security office) that you have applied. You do not have to provide social security numbers for people who are not applying because of their immigrant status.

□ Proof of Your Income

If you have income, you will need to prove how much income you have and where it comes from. For money you earn at a job, you can bring one of the following: your pay stubs, a letter from your employer on company letterhead, your W-2 form, wage tax receipt, state or federal tax return, or self-employment bookkeeping records. For money from benefit programs (like social security, unemployment or workers compensation, or student aid), bring a copy of your benefit check or an official letter describing what you receive.

□ Proof of Your Assets

If you have bank account, bring a bankbook or current bank statement.

□ Proof of Your Expenses

Bring rent or mortgage receipts, utility bills, receipts for child or adult care, and receipts for medical expenses for people over 60 or disabled. If you pay court-ordered child support, bring proof of that payment. Proving these expenses may help you get more food stamp benefits.

WHAT YOU'LL BE ASKED AND WHY

During your interview at the county food stamp office, you will be asked a number of questions to determine whether you can get food stamp benefits and the amount of benefits you can get. Your worker is required by state or federal law to ask these questions.

Questions about Immigration Status

You will be asked if members of your household are citizens. If they are not, your worker will ask when they arrived in the United States and for proof of their documentation. **If you are a lawful permanent resident (LPR), you are eligible for food stamp benefits, as long as you meet other eligibility rules.**

WHAT YOU'LL BE ASKED AND WHY

Please keep in mind that the Food Stamp Program needs this information to determine whether the people in your household are eligible for food stamp benefits. If you are not a citizen or do not have documentation, you can receive food stamp benefits for your children if they are citizens or LPRs.

Questions about Felonies

Your food stamp worker is required to ask you two questions about felonies. First, you will also be asked if anyone in your household is fleeing the law to avoid felony prosecution, custody/confinement after conviction or violation of parole probation. Under federal law, fleeing felons are not eligible for benefits. Second, you will be asked if anyone in your household has been convicted of a drug felony that occurred after August 22, 1996. People convicted (after August 22, 1996) of a drug felony for manufacturing, sales or distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in these activities cannot get food stamp benefits. Other members of the household may still be able to receive food stamp benefits.

Question about Fraud

Your food stamp worker is also required to ask if anyone in your household has ever committed welfare fraud. If someone has committed welfare fraud, it doesn't necessarily mean that you won't get food stamp benefits.

Questions about Income

Your ability to get food stamp benefits depends partly on how much money and resources you have. Your county worker will ask you questions about your income to make sure you get the right amount of benefits.

SOME IMPORTANT FOOD STAMP RULES

The Food Stamp Program has a lot of rules, but most of them depend on your specific situation. Here are some of the important ones:

Immigration Status

To get food stamp benefits in California, you must be a U.S. Citizen, a U.S. National, or be someone who is a lawful permanent resident (LPR) of the U.S. If you are an undocumented immigrant, you cannot get food stamp benefits but your children may be able to get benefits if they are citizens or LPRs. Getting food stamp benefits will not affect your immigration status or the status of your family. Immigration information is private and confidential.

Assets and Property

There is a \$2,000 limit on the amount of money that people in your household can have at home, in the bank, or in other places. If someone in your household is at least 60 years old, or disabled, your household can have a \$3,000 limit. The value of your house does not count as long as you live in it.

Utilities

Your utility expenses (meaning things like gas, electricity, water, sewer, garbage and telephone expense) may be deducted from your income to help you get more food stamp benefits. When you apply, you may have a choice between using your actual utility expenses OR using the Standard Utility Allowance (SUA).

The SUA is a single, fixed utility deduction that you may choose if you pay for heating or cooling separate from your rent or mortgage. If you don't have separate heating and cooling costs, you must use your actual utility expenses. The SUA will probably be higher than your actual utility expenses, which means that using the SUA may help you get more food stamp benefits.

Living in the County

All of the food stamp rules are the same from county to county, but you must be living in the county where you apply for benefits. If you move to a different county, you will need to reapply at the office in the new county.

Food Stamp Work Rules

If you are 16 through 59 years old, there are some work rules you may need to meet. You can be excused from the work rules for reasons such as mental or physical health problems that keep you from working, getting unemployment benefits, taking care of a child under age 6, or for other reasons that your worker can explain to you. If you are not excused, then some of the work rules you will need to meet may include keeping appointments, taking a job the county sends you to, not turning down or quitting a job, not reducing the hours you work, looking for work, doing community service, or going to school or training. If you don't meet the work rules, your food stamp benefits can be denied or stopped for one, three or six months.

Food Stamp Work Rule for Adults Without Children

If you are over 17 and under 50 and you are not caring for a minor child, you may also have to meet another work rule. You can be excused from this work rule if you are pregnant, live in the same food stamp household with a minor child, have mental or physical health problems that keep you from working, or for other reasons that your county worker can explain to you. If you are not excused, you must meet the work rule by doing one or more of the following for a total of 20 hours per week: work, school, or training. Or, you must do community service for the number of hours the county tells you.

If you don't meet the work rule for three months during a three-year period, and you don't have a good reason, your food stamp benefits will stop unless you are excused. You can get food stamp benefits again by meeting the work rule for the number of hours that the county tells you. After that, you might be able to get another three months of food stamp benefits without having to meet the work rule.

SOME IMPORTANT FOOD STAMP RULES (Continued)

If you are self-employed

If you are self-employed, you can either deduct your actual business expenses or use a standard deduction of 40 percent of your gross income. Once you choose a method of figuring your self-employed net income, you can only change this method when you are re-certified for food stamp benefits or every six months, whichever happens sooner.

Reporting

Most households must send a report on their income to the county each quarter in order to continue getting food stamp benefits. Other households must send in a report only when they have a change in income or household situation. Your worker will explain how to report.

College, Business or Vocational Students

You can get food stamp benefits if you are a student and you are working, enrolled in an employment and training program, disabled, getting cash assistance, over the age of 50, or the parent of young children.

Amount of food stamp benefits

There is a limit to the number of food stamp benefits you can get each month. This amount is based on the number of people in your household and how much money you have each month after you pay for things like rent, utilities and child care.

If your household gets too many food stamp benefits by mistake, you may have to pay them back—even if it wasn't your fault that it happened.

A note about rules: If you do not understand a rule, please ask your worker to explain it. It's important to understand the rules so you can get as many food stamp benefits as your household is allowed to get.

USING YOUR FOOD STAMP BENEFITS

How do I get my food stamp benefits?

Your county has Electronic Benefit Transfer (EBT) system, you will receive a plastic EBT card containing your benefits. Your county will mail or issue you a plastic card that you will use to purchase your food. Your worker will tell you how you will get your EBT card in your county.

If your EBT card is lost, stolen or destroyed, call your worker right away. You may be able to get it replaced.

How do I use my food stamp benefits?

You **can** use your food stamp benefits to buy almost all foods, as well as seeds and plants to grow your own food. You do not have to pay sales tax on any item you buy with food stamp benefits. Food stamp benefits are accepted at most large grocery stores, as well as some farmers markets, convenience stores and other places that sell groceries.

You **cannot** use food stamp benefits to buy alcohol, tobacco, pet food, some types of already cooked food, or anything that is not food (like toothpaste, soap, or paper towels).

Once you receive your food stamp benefits, sign the EBT card. This will make it easier to trace if it is lost or stolen. Keep your EBT card in a safe place until you are ready to purchase food.

What happens if I no longer receive CalWORKs?

If you stop getting CalWORKs, you may still be able to get food stamp benefits. You may be eligible for transitional food stamp benefits. Food stamp benefits can help your family as you make the transition from welfare to work, so be sure to check with your worker about whether you can continue.

FOOD STAMP BENEFITS HOW TO REPORT HOUSEHOLD CHANGES

Everyone who receives food stamp benefits must report when their income or household situation changes. Most households have to report these changes on a quarterly basis. Other households will report changes on the change reporting basis. Your worker will tell you whether you are a quarterly or change reporting household. If you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your worker.

The following list describes each type of reporting.

QUARTERLY REPORTING

If your worker tells you that you are a quarterly reporting household, you will need to turn in a completed Quarterly Eligibility Report (QR 7) by the 5th day of each 3rd month of the quarter. Your worker will tell you about your quarters.

When you turn in your QR 7, the information will be used to determine the amount of food stamp benefits you can get for the next quarter. For example:

If you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or food stamp benefits for April, May and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you will get in April, May and June to figure your cash aid and/or food stamp amount for those months. This is called prospective budgeting.

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter. This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your report month and will be considered late if not received by the 11th day of the month. If your QR 7 is late, you will have to pay back any cash aid or food stamps that you received but was not supposed to get.

You will have to report all income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your income and expenses that you expect to happen in the next quarter.

If you do not turn in a completed Quarterly Eligibility Status Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on a Quarterly Report:

- Earned income from any source;
- Unearned income of any kind;
- Anyone getting free rent or utilities;
- Anyone who has expenses that are paid by someone else;
- Reduced hours of work or training;
- Someone moves in/out of your home;
- If you move;
- Any real or personal property bought, sold or exchanged;
- Any change in court-ordered child support paid by a household member;
- Anyone's citizenship/immigration status changes or receives correspondence from the U.S. Citizenship and Immigration Services (USCIS) (formerly INS);
- Anyone reaches 60 years of age;
- Anyone gets a job, training or school payments for expenses;
- Anyone has a job, training or school costs such as for dependent care or supplies;
- Any household member convicted of a drug-related felony after August 22, 1996 for manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.
- Any household member fleeing from the law or in violation of probation.

REPORTING CHANGES DURING THE QUARTER

You must report the following things within ten (10) days of the changes even if it is not your report month. You are to report:

- If your address changes.
- If you are an Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

REPORTING VOLUNTARY CHANGES

You may also report other information voluntarily, even when it is not your report month. Reporting information voluntarily may cause your household benefits to go up. The county will take action within ten (10) days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification. **Even if you have already reported something to the County, you must also report it on your next QR 7.**

REPORTING VOLUNTARY CHANGES - Continued

Some examples of voluntary reporting that may cause your benefits to go up include:

- Loss of income;
- Member becomes disabled or 60 years old;
- Member begins to pay court-ordered child support;
- New household member in the home;
- Shelter/housing cost increases;
- Medical expenses.

If you receive food stamp benefits and you voluntarily report income that has increased, and it is above the gross income level for your household size, your benefits may be discontinued.

Some examples of voluntary reporting that may cause your benefits to go down in the next quarter include:

- Gain or increase of income;
- Someone with no income moves out of your home;
- Someone in your home who had no income dies;
- Someone with income moves into your home;
- Shelter cost decrease.

You **MAY** report changes between quarterly reports either by:

- Mail, telephone or in person at the county food stamp office or by turning in a Mid-Quarter Status Report or QR 3.

OTHER CHANGES

There are other circumstances that will require the county to decrease or discontinue your benefits during the quarter in which they happen. Here are the examples:

- A household member is sanctioned;
- Someone in your household receives benefits in another household;
- A California Food Assistance Program status changes.
- An Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

CHANGE REPORTING

If you are in a change reporting household, you will not have to follow Quarterly Reporting rules. Instead, you **MUST** report the following changes within ten days:

- If your household has a change in the source of monthly earned income, or your household's monthly earned income starts, stops, or changes by more than \$100.00.
- If your household has a change in the source of monthly unearned income, or your household's monthly unearned income starts, stops, or changes by more than \$50.00.
- Anyone's source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move or gets a new mailing address.
- Your household's total cash, stocks, bonds or other money is more than \$2000 (or \$3000 if someone in our household is age 60 or over or disabled).
- If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.

- If you are an Able Bodied Adult Without Dependents and your work hours drop below 20 hours a week or 80 hours a month.
- Any member of your household who is avoiding or running from the law to avoid felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- Any household member has been convicted after August 22, 1996 of a drug-related felony for manufacturing, sale, or distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.

You **MAY** report when:

- Anyone's physical or mental illness begins or ends.
- Anyone's citizenship, immigration status changes or anyone gets a letter, form or new card from the USCIS (formerly INS).
- You have changes in your dependent care costs.
- Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
- Any member begins to pay court-ordered child support for a child not living in the home.

You may report changes either:

- By mail, telephone, or in person at the County Food Stamp Office; or
- By turning in a DFA 377.5 Food Stamp Household Change Report form.

Transitional Food Stamp Benefits

If your household begins receiving transitional food stamp benefits, you do not have to report while receiving these benefits.

If you are receiving transitional food stamp benefits, you may reapply to see if you can get more benefits. If you reapply and are approved for regular food stamp benefits, then all normal reporting rules will apply.

FOOD STAMP PROGRAM QUALIFYING DRUG FELON ADDENDUM

Due to changes in Food Stamp laws, effective January 1, 2005, you may be eligible for food stamp benefits even though you have been convicted of a drug-related felony. Please answer the following question and then read and sign this form. If you have any questions, please contact your worker.

1. Since August 22, 1996, you or a member of your household have been convicted of a drug-related felony. Was the conviction for any of the following: - Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? ☒ Yes ☐ No - Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? ☐ Yes ☐ No	County Use Column
2. Have you or any member of your household: a) Completed a government recognized drug treatment program? ☐ Yes ☐ No b) Participated in a government recognized drug treatment program? ☐ Yes ☐ No c) Enrolled in a government recognized drug treatment program? ☐ Yes ☐ No d) Been placed on a waiting list for a government recognized drug treatment program? ☐ Yes ☐ No e) Ceased the use of controlled substances and have evidence that you have ceased the use of controlled substances? ☐ Yes ☐ No If Yes, please explain and attach proof (or contact your worker).	

Food Stamp Fraud Penalties

There are new food stamp fraud penalties.

I understand that if I am convicted of an Intentional Program Violation, for having given wrong facts or incomplete facts, I can be disqualified for **one year** for the **first violation** and **two years** for the **second violation** and **forever** for the **third violation**. If I am found guilty in any court of law of having traded food stamp benefits for a controlled substance, I will be disqualified for **two years** for the **first violation** and **forever** for the **second violation**.

If I trade or sell food stamp benefits worth \$500 or more, I can be disqualified **forever**.

APPLICANT/RECIPIENT CERTIFICATION

I have completed the questions above and read all the information. I understand the new food stamp rules and penalties apply to my application or reapplication for food stamps. I understand the new rules and agree to comply with them. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this form is true, correct and complete.

SIGNATURE ADULT HOUSEHOLD MEMBER (AUTHORIZED REPRESENTATIVE)

DATE

WITNESS IF YOU SIGN WITH AN X

DATE

ELIGIBILITY WORKER SIGNATURE

DATE

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. '4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-05-1121-04	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 000324-01E
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For use by Office of Administrative Law (OAL) only

2006 MAR 24 PM 1:31
OFFICE OF
ADMINISTRATIVE LAW

FILED
in the office of the Secretary of State
of the State of California

APR 03 2006

At 3:50 O'clock P.M.
Space Station

NOTICE	REGULATIONS
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services	AGENCY FILE NUMBER (If any) ORD #1005-16

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CalWORKs Pgm. Changes, SB 1104 (Ch 229, 2004) and SB 68 (Ch 78, 2005)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 05-1121-01E
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually)	ADOPT See attachment
	AMEND See attachment
TITLE(S) MPP	REPEAL See attachment

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☐ Emergency (Gov. Code, § 11346.1(b))	☐ Emergency Readopt (Gov. Code, § 11346.1(h))	☒ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☐ Print Only	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))
☐ Effective 30th day after filing with Secretary of State ☒ Effective on filing with Secretary of State ☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Alison Garcia, Manager	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Alison.Garcia@dss.ca.gov
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8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 3-23-06
TYPED NAME AND TITLE OF SIGNATORY Cliff Allenby, Interim Director	

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 4-99) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

**RESUBMITTAL OF DISAPPROVED OR WITHDRAWN
REGULATIONS**

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the

regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number for the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6815.

Notice Publication/Regulations Submission, STD. 400
California Department of Social Services
CalWORKs Pgm. Changes, SB 1104 (Ch 229, 2004) and SB 68 (Ch 78, 2005)
(ORD #1005-16)
Section B.2. Specify California Code of Regulations Title(s) and Section(s):

Manual of Policies and Procedures (MPP)

Adopt Sections: None

Amend Sections: 11-501, 42-302, 42-701, 42-711, 42-712, 42-713, 42-715,
42-716, 42-718, 42-719, 42-720, 42-721, 42-722, 42-802, 42-1009, 42-1010,
44-111, and 63-407

Repeal Sections: 42-710

Amend Section 11-501.3 (Handbook) to read:

11-501 INCOME MAINTENANCE RESPONSIBILITIES (Continued)

11-501

.3 County Standards

Where statutes or CDSS regulations authorize counties to adopt specific standards which affect an applicant's/recipient's eligibility or grant amount or welfare-to-work activities, including supportive services, such standards shall be in writing and shall be made available to the public upon request.

HANDBOOK BEGINS HERE

Examples of program requirements for which counties are to develop written standards include but are not limited to the following: (1) definition of what constitutes regular school attendance and good cause criteria, under Sections 40-105.5(a) and (f); (2) extending the ~~18-month time limit~~ and work exemption based upon caring for a young child, under Sections ~~42-710.12 and 42-712.47, respectively~~; (3) diversion program requirements, under Section 81-215.32; (4) child care for other required activities or for children not in the AU, under Sections 47-201.12 and 47-401.45; and (5) continuing case management services and/or supportive services for former recipients, under Section 42-717.1.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, and 10603, Welfare and Institutions Code.

Amend Section 42-302 to read:

42-302 60-MONTH TIME LIMIT REQUIREMENTS FOR ADULTS

42-302

.1 60-Month Time Limit (Continued)

.11 Exceptions (Continued)

.114 Unable to Maintain Employment or Participate (Continued)

(a) (Continued)

(1) (Continued)

(A) For purposes of this section, a sanction received while the individual was a volunteer in the CalWORKs welfare-to-work program pursuant to MPP Sections 42-712.51 or 42-712.52, or an aid recipient in another state shall not be considered a welfare-to-work sanction. (Continued)

(b) (Continued)

(1) (Continued)

(A) (Continued)

HANDBOOK BEGINS HERE

Example of an individual who is able to maintain employment and is participating for less than the required 32 or 35 hours per week: Due to a business slowdown, a recipient, who has received 58 countable months of aid, had her hours of unsubsidized employment reduced from 358 hours to 205 hours per week. The recipient has reached her 24-month time limit and must participate in community service. However, an Another appropriate community service placement welfare-to-work activity including, but not limited to

job search, that would allow her to meet the 32- or 35-hour per week participation requirement and is consistent with her plan, does not become available before the recipient, whose job as a Retail Clothing Sales Clerk is consistent with her Welfare-to-Work participation and employment goal, reaches her 60-month time limit. Although the recipient is not participating for the required number of hours, she is not subject to a sanction and is considered able to maintain employment. (Continued)

HANDBOOK ENDS HERE

(2)

(Continued)

.3 Requesting Exemptions/Exceptions

An applicant or a recipient can request an exemption/exception verbally or in writing. When a recipient states that s/he meets a condition that qualifies as an exemption to the ~~18 or 24 and/or~~ 60-month time limit, as specified in MPP Sections 42-712 and 42-302.21 or an exception to the 60-month time limit as specified in 42-302.11, the county shall document the request and provide the recipient with an exemption/exception request form, if necessary to complete the request. (Continued)

.31 Exemption/Exception Request Form

The form to request an exemption or exception shall include, but is not limited to, the following:

(a)

A description of the exemptions to the CalWORKs ~~18 or 24 month time limit,~~ provided in MPP Section 42-712, the 60-month time limit, provided in MPP Section 42-302.21, and a description of the 60-month time limit exceptions, provided in MPP Section 42-302.11. (Continued)

Authority Cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 11266.5, 11454, 11454(e) and (e)(5), 11454.5, 11454.5(b) and (b)(4) and (5), and 11495.1, Welfare and Institutions Code, Section 37 of AB 444 (Chapter 1022, Statutes of 2002); and 42 U.S.C. 608(a)(7)(a), (B) and (D).

Amend Section 42-701 to read:

42-701 INTRODUCTION TO WELFARE-TO-WORK

42-701

HANDBOOK BEGINS HERE

.1 Background

~~AB 1542, Chapter 270, Statutes of 1997, established t~~The California Work Opportunity and Responsibility to Kids (CalWORKs) Act ~~of 1997~~ became operative in 1998. The Welfare-to-Work Program is the employment and training aspect of CalWORKs that replaces the previous Greater Avenues for Independence (GAIN) program. Welfare-to-Work is a comprehensive statewide employment program designed to enable participants to achieve self-sufficiency through employment. (Continued)

- (c) ~~Limited time on aid without working. Unless exempt, recipients will be required to work or participate in community service after 18 to 24 months on aid. Mandatory core welfare-to-work participation hours. Unless exempt, adult recipients are required to participate in at least a minimum average of 20 hours per week of core welfare-to-work activities. The balance of their 32- or 35-hour per week participation requirement shall be spent in either core or non-core activities. All welfare-to-work activities will be assigned based upon the recipient's assessment and will aid recipients in obtaining employment.~~ (Continued)

HANDBOOK ENDS HERE

.2 Definitions for Terms Used in This Chapter (Continued)

- (c) (1) (Continued)

- (4) "Core Welfare-to-Work Activities" means any of the following welfare-to-work activities: unsubsidized employment, subsidized private sector employment, subsidized public sector employment, work experience, on-the-job training, grant-based on-the-job training, supported work or transitional employment, work study, self-employment, community service, vocational education and training programs for up to 12 cumulative months (pursuant to Section 42-716.211), and job search and job readiness assistance. Adult basic education, job skills training directly related to employment, satisfactory progress in a secondary school or in a course of study leading to a certificate of general education development, education directly related to employment, and mental health, substance abuse, and domestic abuse services can count as core hours pursuant to Section 42-716.23.

- (45) (Continued)

(56) (Continued)

- (n) (1) Reserved "Non-core Welfare-to-Work Activities" means any of the following welfare-to-work activities: adult basic education, job skills training directly related to employment, education directly related to employment, satisfactory progress in a secondary school or in a course of study leading to a certificate of general educational development, mental health, substance abuse, domestic abuse services, vocational education and training programs beyond the 12-month limit, other activities necessary to assist an individual in obtaining unsubsidized employment, and participation required of the parent by the school to ensure the child's attendance.
- (o) (Continued)
- (u) (1) Reserved "Universal Engagement" means non-exempt individuals are required to participate in welfare-to-work activities by signing a welfare-to-work plan within the time frames specified in Section 42-711.62.
- (v) (1) (Continued)

Authority Cited: Sections 10531, 10553, and 10554, Welfare and Institutions Code.

Reference: Sections 10063, 10800, 11320, 11320.3(b)(3)(A), 11322.6, 11322.8(c), (d), and (e), 11322.9, 11324.6, 11324.8, 11325.21, 11331.5, 11495, 11495.1, 11495.12, and 13280, Welfare and Institutions Code; and Sections 15365.50 and 15365.55, Government Code; and 42 U.S.C. 603(A)5.

Repeal Section 42-710:

42-710 ~~18- AND 24-MONTH TIME LIMITS~~

42-710

- ~~.1 Except as otherwise provided in these regulations, a parent or caretaker relative, whose beginning date of aid is in the month that the CalWORKs Welfare to Work Program is implemented in the county, or thereafter, is not eligible to receive aid for a cumulative period of more than 18 months, unless: 1) it is certified by the CWD that there is no job currently available for the recipient as specified in Section 42-710.5; and 2) the recipient works in unsubsidized employment and/or participates in unpaid community service, grant-based OJT community service, and/or WtW Grant program work experience, and activities required under Sections 42-711.93, .94, and .96, for the required minimum hours in accordance with Section 42-711.4.~~
- ~~.11 The time limit period starts on the date the recipient signs, or refuses to sign without good cause, a welfare to work plan described in Section 42-711.6 et seq.~~
- ~~.12 The CWD shall adopt criteria for extending the 18-month time limit for up to six months.~~
 - ~~.121 The criteria adopted by the CWD shall be used to determine if:
 - ~~(a) an extension is likely to result in unsubsidized employment; or~~
 - ~~(b) employment is not available due to local employment rates or economic conditions.~~~~
 - ~~.122 In determining whether an extension should be granted because it is likely to result in unsubsidized employment or because employment is not available, the CWD also may consider criteria related to the employability of the individual and other relevant factors.~~
- ~~.2 Except as otherwise provided in these regulations, a parent or caretaker relative, who was receiving aid in the month prior to implementation of the Welfare to Work Program in the county, is not eligible to receive aid for a cumulative period of more than 24 months, unless: 1) it is certified by the CWD that there is no job currently available for the recipient as specified in Section 42-710.5; and 2) the recipient works in unsubsidized employment and/or participates in unpaid community service, grant-based OJT community service, WtW Grant program community service, and/or WtW Grant program work experience, and activities required under Sections 42-711.93, .94, and .96, for the required minimum hours in accordance with Section 42-711.4.~~
- ~~.21 The time limit period starts on the date the recipient signs, or refuses to sign without good cause, a welfare to work plan described in Section 42-711.6 et seq.~~

- ~~.22 The provisions of Section 42-710.2 apply to a parent or caretaker relative who was receiving aid in the month prior to implementation of the Welfare-to-Work Program in the county, even if the individual has had an intervening break in aid.~~
- ~~.3 A parent or caretaker relative recipient who has reached the 18 or 24 month time limit, who is working in unsubsidized employment for less than the required minimum hours, and for whom no job is currently available as specified in Section 42-710.5 for the required number of hours, shall remain eligible for aid by participating in unpaid community service, grant-based OJT community service, WtW Grant program community service, and/or WtW Grant program work experience, and activities required under Sections 42-711.93, .94, and .96, for the additional number of hours necessary to meet the participation requirements in accordance with Section 42-711.4.~~
- ~~.31 If an individual has received aid for a cumulative period of more than 18 or 24 months, as specified in Section 42-710.1 or .2, as applicable, and returns to aid after a break in aid of at least one month, the CWD shall determine whether to require the individual to participate in community service in accordance with Section 42-711.9 or in welfare-to-work activities described in Section 42-716.~~
- ~~.4 No month in which aid has been received prior to January 1, 1998 shall be taken into consideration in computing the required 18 or 24 month time limits.~~
- ~~.5 For purposes of these time limits, "no job is currently available" means that the recipient has taken and continues to take all the steps to apply for appropriate positions and has not refused an offer of employment without good cause.~~
- ~~.6 A month of receipt of aid shall not count toward the 18 or 24 month time limit period when it is a month in which the individual is:~~
- ~~.61 Not required to participate in welfare-to-work activities because he/she is exempt from participation, in accordance with Section 42-712 et seq., and the condition is expected to last for at least 30 days;~~
- ~~.62 Required to participate in, participating in, or exempt from the Cal Learn Program, in accordance with Section 42-712.11.~~
- ~~.63 Sanctioned and removed from the assistance unit in accordance with Section 42-721.4, or;~~
- ~~.64 Participating in an approved SIP and participation is interrupted for good cause. (See Section 42-711.546.)~~
- ~~.65 Identified as a past or present victim of domestic abuse and the county has waived the time limit as described in Section 42-713.221.~~

~~.66 A reunification parent pursuant to the temporary absence/family reunification provisions of Section 82-812.68.~~

~~Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.~~

~~Reference: Sections 10532(c)(2), 11203, 11320.1(e) and (d), 11320.3(a) and (b), 11322.6(f), 11322.9, 11325.21, 11325.23(e), 11325.4, 11327.5(e), 11454, 11454.5(a), 11495.1, and 16501.1(d) and (f)(11), Welfare and Institutions Code.~~

Amend Section 42-711 to read:

42-711 WELFARE-TO-WORK PARTICIPATION REQUIREMENTS

42-711

.1 Program Information for Applicants (Continued)

.11 At the time an individual applies for aid or at the time a recipient's eligibility for aid is determined, the CWD shall do the following: (Continued)

.112 Provide the individual, in writing and orally as necessary, with information including: (Continued)

(b) A description of the core and non-core welfare-to-work activities, the core requirement, and when the non-core activities may count toward the core requirement.

(b~~c~~) (Continued)

.4 Hours of Participation

.41 Adult in One-Parent Assistance Unit

.411 Unless exempt from participation, an adult recipient in a one-parent assistance unit shall participate each month in welfare-to-work activities for a minimum average per week of 32 hours.

(a) A minimum average of 20 hours per week of participation must be in one or more core welfare-to-work activities, as specified in Section 42-716.2.

.412 (Continued)

.42 Adult(s) in Two-Parent Assistance Unit

.421 Unless exempt from participation, an adult recipient in a two-parent assistance unit whose basis for aid is unemployment shall participate each month in welfare-to-work activities for an minimum average per week of at least 35 hours per week in welfare-to-work activities that will meet the hours of participation required under federal law.

(a) A minimum average of 20 hours per week of participation must be in one or more core welfare-to-work activities, as specified in Section 42-716.2.

(a~~b~~) ~~However, b~~Both parents in a two-parent assistance unit may contribute toward the 35-hour requirement, if at least one parent's participation

~~meets the federal hourly work requirement of~~ is a minimum average of
20 hours per week.

- (1) If both parents contribute to meeting the 35-hour participation requirement, the parents may split the 20-hour per week participation requirement for core welfare-to-work activities.

.422 (Continued)

.5 Assignment of Recipients to Welfare-to-Work Activities (Continued)

.52 Appraisal (Continued)

.522 Prior to or during the appraisal, the CWD shall inform the individual in writing of the following:

- (a) The requirement to participate in available welfare-to-work activities; ~~and a general description of the time limits in Section 42-710 up to the time limit specified in Section 42-716.11 and for the required number of participation hours pursuant to Sections 42-716.2, .21, and .22.~~
(Continued)

(d) A statement that the participant has the following grace periods:

- (1) Three (3) working days after the completion of the welfare-to-work plan or subsequent amendments to the plan to evaluate, and request changes to, the terms of the plan, pursuant to Section 42-711.6346.
- (2) Thirty (30) days from the beginning of the initial training or education assignment activity to request a change or reassignment to another activity, pursuant to Section 42-711.6347. (Continued)

.54 Self-Initiated Programs (SIPs)

.541 Except as provided by Section 42-711.542, any recipient who is required to participate in welfare-to-work activities in accordance with Section 42-712.1, may continue in an undergraduate degree or certificate program that leads to employment ~~for the 18 or 24 month time periods specified in Section 42-710, as applicable, in accordance with Section 42-716.11, if:~~ (Continued)

.543 A program will be determined to lead to employment if it is on a list of programs that the CWD and local education agencies or providers agree lead to employment: (Continued)

- (b) For recipients whose program is not on the list, the CWD shall determine if the program leads to employment.

- (1) The recipient shall be allowed to continue in the program ~~within the 18 or 24 month time period specified in Section 42-710 up to the time period specified in Section 42-716.11,~~ if the recipient demonstrates to the CWD that the program will lead to self-supporting employment for that recipient and the documentation is included in the welfare-to-work plan. (Continued)

.544 If participation in a SIP, as determined by the number of hours required for classroom, laboratory, or internship activities, is not at least 32 hours, the CWD shall require concurrent participation in work activities, pursuant to Sections 42-716.131(a) through (j), inclusive and in accordance with Section 42-711.5, to reach the 32-hour requirement. (Continued)

.546 Any person whose previously approved SIP is interrupted for reasons that meet the good cause criteria in Section 42-713.2 may resume participation in the same program if the participant maintained good standing in the program while participating and the SIP continues to meet the approval criteria.

- (a) ~~The CWD shall adjust the completion date of the program, accounting for the time of absence to allow the participant a cumulative time frame of 18 or 24 months as specified in Section 42-710.~~

.547 Any recipient may continue until the beginning of the next educational semester or quarter break; in his or her educational program that does not meet the criteria of Section 42-711.541, if (Continued)

.548 At the time the educational break occurs as provided in Section 42-711.547, the individual is required to participate in welfare-to-work activities pursuant to Section 42-711.51.

- (a) ~~The time spent in the educational program will count toward the time limits specified in Section 42-710.~~

(ba) A recipient, described under Section 42-711.547, who is not expected to complete the program by the next break, may continue his or her education ~~under the time frames in Section 42-710,~~ provided:
(Continued)

.55 Assessment

.551 Participants, except those excluded as provided in Sections 42-711.31, 42-711.557, 42-711.558, and 42-719.111, shall be referred to assessment, if:

- (a) They do not obtain unsubsidized employment with sufficient hours to meet the minimum hours of participation required under Sections 42-711.411 or .421; (Continued)

.552 Participants who are employed in unsubsidized employment with sufficient hours to meet the minimum hours of participation required under Sections 42-711.411 or .421, shall be referred to assessment if they wish to participate in additional welfare-to-work activities listed in Section 42-716.31. If they do not wish to participate in additional welfare-to-work activities, they may opt out of an assessment and only receive necessary supportive services.

- (a) These individuals shall be informed that if they choose to go to assessment, they will be required to sign a welfare-to-work plan and ~~their 18 to 24 month time period will begin.~~ (Continued)

.58 Evaluation (Continued)

.581 Based upon the results of the evaluation, the CWD may refer the participant, as appropriate, to any of the following:

- (a) Any of the welfare-to-work activities described in Section 42-716.431 including referrals to the participant's previous activities.

.6 Welfare-to-Work Plan and Universal Engagement

.61 After assessment, or a determination by the county child welfare services agency that CalWORKs services are necessary for family reunification, any recipient of aid or reunification parent pursuant to Section 82-812.68 who is required or who volunteers to participate in welfare-to-work activities shall enter into a written welfare-to-work plan with the CWD as soon as administratively feasible, but no later than the time frame specified in Section 42-711.62 for non-exempt individuals. However, the county may elect to utilize a reunification plan as defined in Section 80-301(r)(5) in lieu of the welfare-to-work plan when all of an individual's welfare-to-work activities and services are provided as a component of a reunification plan under the temporary absence/family reunification provisions of Section 82-812.68. If the county uses the family reunification (FR) plan in lieu of the ~~WTW~~ welfare-to-work plan the county shall inform the individual, in writing, regarding his/her eligibility for CalWORKs family reunification services, and include a reference to the FR plan and the county child welfare service agency.

.611 The plan shall include the activities and services, to be provided pursuant to Section 42-716, that will move the participant into employment and toward self-sufficiency. (Continued)

.62 Except as specified in Sections 42-711.621 and .622, a non-exempt individual shall enter into his or her welfare-to-work plan after assessment, but no more than 90 days

after the date that the individual's eligibility for aid is initially determined or the date that the individual is required to participate in welfare-to-work activities pursuant to Sections 42-711.623(c) or (d), unless the individual meets an exemption criterion as specified in Section 42-712.4 or is otherwise not required to sign a welfare-to-work plan.

.621 The individual may enter into his or her welfare-to-work plan with the CWD as late as 90 days after the completion of job search if job search, as defined in Sections 42-701.2(j)(2) and (3), and as specified in Section 42-711.53, is initiated within 30 days after the individual's eligibility for aid is determined or the date the individual is required to participate pursuant to Section 42-711.623.

(a) Job search is considered to be "initiated" when an individual begins attending an allowable job search activity.

.622 The 90-day period specified in Section 42-711.62 and the 30-day period specified in Section 42-711.621 do not include the following:

(a) Time in good cause, compliance, and sanctioning processes pursuant to Section 42-721, including the participation time in activities to end a sanction.

(1) "Time in good cause" pursuant to Section 42-711.622(a) includes time when the individual notifies the county in advance that he or she cannot attend an assigned activity and the county determines that the individual has good cause.

(b) Time between the date a learning disability evaluation appointment is scheduled and the date the county receives the final report, up to a maximum of 90 days. After the final report from the learning disability evaluator is received by the county, or on the 91st day if the final report has not been received, the 30- and 90-day periods resume.

.623 Except for Sections 42-711.621 and .622, the 90-day and 30-day time frames start as follows:

(a) The date of the notice of action that informs a non-exempt individual of his or her initial eligibility for aid when he or she is eligible for aid on the date of application.

(b) The date a non-exempt individual begins receiving aid when the individual is initially ineligible for aid on the date of application and the county has determined that he or she will be eligible for aid within 60 days in accordance with Section 40-171.11.

- (c) The date an individual is required to participate in welfare-to-work activities when he or she has been receiving aid but was not required to have a welfare-to-work plan developed and the county knows this date in advance.
- (d) The date the county learned an individual is required to participate in welfare-to-work activities when he or she has been receiving aid but was not required to have a welfare-to-work plan and the county does not know this date in advance, but no longer than 30 days from the date the individual was required to participate.

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- .624 Example 1: An individual, upon receipt of aid, was granted a 6 month exemption from welfare-to-work participation due to the birth of a child; therefore, she will not be required to sign a welfare-to-work plan until after her exemption ends on June 15. The county must develop, and have the individual sign, a welfare-to-work plan no later than 90 days from June 16 pursuant to Section 42-711.623(c).
- .625 Example 2: An individual's 90-day period in which the county must develop her welfare-to-work plan begins on the date she is eligible for aid. Forty days into the 90-day period she is diagnosed with a medical condition and is exempted from participation for four months, until November 5. The county must develop, and have the individual sign, a welfare-to-work plan no later than 90 days from November 6 pursuant to Section 42-711.623(c).
- .626 Example 3: An individual's 90-day period in which the county must develop his welfare-to-work plan begins the date he is eligible for aid. Thirty days into the 90-day period, and prior to assessment, the individual finds a job and begins participating for a sufficient number of hours of unsubsidized employment to meet the work participation requirement and is not required to sign a welfare-to-work plan. Six months later the individual loses his job, through no fault of his own, and is required to sign a plan. The county has 90 days to develop, and have the individual sign, a welfare-to-work plan, pursuant to Section 42-711.623(c) or (d), depending on the date the county learns of the individual's job loss.
- .627 Example 4: An individual has been receiving aid for two years. Prior to assessment she was participating in sufficient hours of unsubsidized employment to meet her work participation requirement and not required to sign a welfare-to-work plan. During the county's monthly monitoring of the individual's participation, on June 8, the county discovered that she lost her job on May 27. Because the county learned of the individual's job loss within 30 days of its occurrence, the county has up to 90 days from June 8, to develop,

and have the individual sign, a welfare-to-work plan pursuant to Section 42-711.623(d).

.628 Example 5: Identical circumstances as in Example 4, except that the individual lost her job on April 27. Because the county learned of the individual's job loss after the 30-day period, the county has up to 90 days from May 27 to develop, and have the individual sign, a welfare-to-work plan pursuant to Section 42-711.623(d).

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.623 A participant shall take part in one or more welfare-to-work activities, as defined in Section 42-716, for the required minimum hours as specified in Section 42-716.2 and provided in the welfare-to-work plan until he or she has reached the 18 or 24-month time limit. (Continued)

.634 (Continued)

.6341 (Continued)

.6342 (Continued)

(a) The plan shall also address school attendance of all children in the assistance unit for whom school attendance is compulsory, as specified in Section 40-105.5, and identify any participation required of the parent by the school to ensure the child's attendance. Such participation hours by the parent shall count toward the required hours of participation as defined specified in Sections 42-711.411 or .421, and as non-core hours as allowed under Section 42-716.22.

(b) The plan shall outline how hours of participation in core and/or non-core welfare-to-work activities satisfy the participation requirements pursuant to Section 42-716.2.

.6343 (Continued)

.6344 If the CWD determines it to be appropriate and necessary for the removal of the participant's barriers to employment, an individual who lacks basic literacy or mathematics skills, a high school diploma or general educational development certificate, or English language skills, shall be assigned to participate in adult basic education as specified defined in Section 42-716.431(k).

.6345 (Continued)

.6346 (Continued)

.6347 (Continued)

.6348 (Continued)

.645 (Continued)

.7 Reappraisal

.71 The CWD shall conduct a reappraisal of any participant who does not obtain unsubsidized employment upon completion of all activities in his or her welfare-to-work plan, ~~unless the participant has reached the 18 or 24 month time limit.~~ The reappraisal shall evaluate whether there are extenuating circumstances, as defined by the CWD, that prevent the participant from obtaining employment within the local labor market area. (Continued)

.712 If extenuating circumstances do not exist, and until the CWD reverses this determination ~~or the participant reaches the 18 or 24 month time limit,~~ the participant is required to must participate ~~for the required minimum hours in~~ activities that are limited to the following: (Continued)

(b) Work experience as defined in Section 42-701.2(w)(43). (Continued)

(c) Mental health, substance abuse, and/or domestic abuse services in accordance with Sections 42-716.54, 42-716.65, and 42-716.4431(q), respectively. (Continued)

.9 ~~Community Service After Time Limits~~

.91 ~~The participant shall remain eligible for aid only if he or she works in unsubsidized employment and/or participates in unpaid community service, grant-based OJT community service, WtW Grant program community service, and/or WtW Grant program work experience, and activities required under Sections 42-711.93, .94, and .96, to meet the required minimum hours in accordance with Section 42-711.4 if:~~

.911 ~~The participant has reached the 18 month time limit (and exhausted any extension granted) or the 24 month time limit, as applicable;~~

.912 ~~The participant has not found unsubsidized employment sufficient to meet the required minimum hours of participation; and~~

.913 ~~The CWD has certified that no job is currently available for the participant, in accordance with Section 42-710.5.~~

.92 ~~For participants who have reached the 18 or 24 month time limits, the CWD shall provide community service activities and provide supportive services as described in~~

~~Section 42-716.4. The changes to the activities and supportive services shall be reflected in an amended welfare-to-work plan.~~

- ~~.921 A participant may take part in community service activities until he or she has received aid for a total of 60 months.~~
- ~~.93 Participants whose assistance units include food stamp recipients shall participate in unpaid community service activities for the number of hours each month that is the lesser of the two following equations:~~
 - ~~.931 The number of hours required by Section 42-711.4, less the number of hours spent in unsubsidized employment, grant-based OJT community service, WtW Grant program paid community service, and/or WtW Grant program paid work experience; or,~~
 - ~~.932 The number of hours, determined collectively for the assistance unit, equal to the CalWORKs assistance unit's grant plus the assistance unit's portion of the food stamp allotment divided by the higher of the state or federal minimum wage. If all or a portion of the CalWORKs assistance unit's grant has been diverted to an employer pursuant to Section 42-701.2(g)(2) and Section 42-716.111(f), only that portion, if any, received as a grant and the assistance unit's portion of the food stamp allotment shall be used in this calculation.~~
- ~~.94 Participants whose assistance units do not include food stamp recipients shall participate in unpaid community service activities for the number of hours each month that is the lesser of the two following equations:~~
 - ~~.941 The number of hours required by Section 42-711.4, less the number of hours spent in unsubsidized employment, grant-based OJT community service, WtW Grant program paid community service, and/or WtW Grant program paid work experience; or,~~
 - ~~.942 The number of hours, determined collectively for the assistance unit, equal to the grant received by the CalWORKs assistance unit divided by the higher of the state or federal minimum wage. If all or a portion of the CalWORKs assistance unit's grant has been diverted to an employer pursuant to Section 42-701.2(g)(2) and Section 42-716.111(f), only that portion, if any, received as a grant shall be used in this calculation.~~
- ~~.95 The monthly amount in Sections 42-711.93 and .94 shall be considered to have been met by participation in an average weekly number of hours determined by dividing the monthly amount by 4.33 (average number of weeks per month).~~
- ~~.96 Participants whose hours of participation in unpaid community service activities are determined pursuant to Section 42-711.932 or .942 and do not meet the participation requirement specified in Section 42-711.4 shall participate in other welfare-to-work~~

~~activities for the additional number of hours necessary to satisfy the participation requirement.~~

- ~~.97 Any individual required to participate in a community service activity who fails to comply with program requirements without good cause shall be sanctioned in accordance with Section 42-721.4.~~
- ~~.98 See Section 42-710.31 for circumstances under which the CWD may require the individual to participate in welfare-to-work activities other than community service.~~

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11203, 11253.5(b), 11320.1, 11320.1(c), 11320.15, 11320.3, 11322.6, 11322.8, ~~11322.9~~, 11324.8(a) and (b), 11325.2, 11325.21, 11325.22, 11325.23(a), (b), (c), (e), and (f), 11325.25, 11325.4, 11325.5, 11325.6, 11325.7, 11325.8, 11326, 11327.4 and .5, 11454(a), 15204.2 and .8, and 16501.1(d) and (f), Welfare and Institutions Code; and 42 U.S.C. 607(c)(1)(A), (c)(1)(B)(ii), and (c)(2)(A)(i); 7 U.S.C. 2029(a)(1); 7 U.S.C. 2035; U.S. Department of Labor guidance on FLSA, with attached U.S.D.A., Food and Nutrition Service (FNS) guidance on an SFSP, dated May 22, 1997; and Simplified Food Stamp Program approval letters from FNS to implement the provisions of an SFSP, dated May 5, 2000 and August 3, 2000.

Amend Section 42-712 to read:

42-712 EXEMPTIONS FROM WELFARE-TO-WORK PARTICIPATION 42-712
(Continued)

.5 Any individual who is not required to participate may volunteer to participate in welfare-to-work activities and may end that participation at any time without loss of eligibility for aid, provided his or her status has not changed in a way that requires participation.

.51 ~~An individual who is exempt but who volunteers to participate, is not subject to the 18- or 24-month time limits described in Section 42-710, provided his or her status has not changed in a way that requires participation.~~ For purposes of Section 42-712.5, a volunteer participant is as follows:

.511 An individual who is exempt pursuant to Sections 42-712.41 through .49, but who volunteers to participate; or

.512 An individual who is not required to participate for reasons other than the exemptions described in Sections 42-712.41 through .489, but who volunteers to participate, is subject to the 18- or 24-month time limits described in Section 42-710.

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~~.521~~ (a) For example, in a two-parent assistance unit, whose basis for aid is unemployment, the second parent is not required to participate when the first parent is meeting the required participation hours but may participate as a volunteer. ~~However, if the second parent chooses to participate, he/she is subject to the 18- or 24-month time limits.~~

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.6 ~~The impact of exemptions on the 18- or 24-month time limit is found at Section 42-710.6.~~

.76 (Continued)

.761 (Continued)

.762 (Continued)

.763 (Continued)

Authority Cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10063(b), 11253.5, 11320, 11320.3, 11331.5(a), (b), (c), and (d), 11454, and 11454.5, Welfare and Institutions Code; and 42 U.S.C. 5044(f)(2).

Amend Section 42-713 to read:

42-713 GOOD CAUSE FOR NOT PARTICIPATING (Continued)

42-713

.2 Conditions that may be considered good cause for not participating in welfare-to-work activities include, but are not limited to, any of the following: (Continued)

.22 The applicant or recipient is a victim of domestic abuse.

.221 CalWORKs Program requirements, including the time limits on receipt of assistance described in Sections ~~42-710 and 42-3002~~, and welfare-to-work requirements described in Section 42-711 may be waived, except as specified in Section 42-715.511, for an individual who is a victim of domestic abuse (as defined in Section 42-701.2(d)(3)) on a case-by-case basis, but only for as long as domestic abuse prevents the individual from obtaining employment or participating in welfare-to-work activities, in accordance with Section 42-715. (Continued)

.4 An individual who is excused from welfare-to-work participation for good cause is subject to ~~the 18 or 24 month time limits described in Section 42-710 and the 60-month time limit in Section 42-302.~~

.41 A CWD may waive the ~~18 or 24 month and/or~~ 60-month time limits for victims of domestic abuse as provided in Section 42-713.221(a).

.42 ~~An individual who has good cause for an interruption in participating in a SIP may have their 18 or 24 month time limits adjusted as provided in Section 42-711.546.~~

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11320.3(b) and (f), 11323.2, 11325.23(c), 11454, 11454.5, 11495, and 11495.1, Welfare and Institutions Code; 42 U.S.C. 607(e)(2); and 45 CFR 261.15.

Amend Section 42-715.512(a) to read:

42-715 DOMESTIC ABUSE PROTOCOLS AND TRAINING STANDARDS 42-715
(Continued)

.5 Waiver of Program Requirements

.51 A county may waive any program requirement, except as specified in Section 42-715.511, for a recipient who has been identified as a past or present victim of domestic abuse when it has been determined that good cause exists, as specified in Section 42-713.22. (Continued)

.512 Program requirements that may be waived include, but are not limited to:

(a) Time limits on receipt of assistance; (Continued)

.52 (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11454, 11495, 11495.15, 11495.25 and 11495.40, Welfare and Institutions Code.

Amend Section 42-716 to read:

42-716 WELFARE-TO-WORK ACTIVITIES

42-716

- .1 Upon the completion of job search activities, or a determination that those activities are not required as an initial activity, the participant shall be assigned to one or more welfare-to-work activities pursuant to Section 42-716.31, as needed to obtain employment.
 - .11 Individuals may participate in activities pursuant to Section 42-716.2 for up to the 60-month time limit in accordance with Section 42-302, as long as participation is consistent with their assessments under Section 42-711.55 and/or in accordance with their welfare-to-work plan under Section 42-711.6, or reappraisal under Section 42-711.7.
- .2 Except for exempt individuals, individuals who are enrolled in self-initiated programs in accordance with Section 42-711.54, individuals who have been granted domestic abuse waivers in accordance with Section 42-715.5, individuals receiving family reunification services in accordance with Section 42-711.61, or 19-year-old custodial parents without a high school diploma in accordance with Section 42-711.31, to fulfill participation requirements:
 - .21 An individual must participate for a minimum average of 20 hours per week in one or more core activities, as described in Sections 42-716.31(a) through (j), (m), and (n).
 - .211 Participation in vocational education and training programs pursuant to Section 42-716.31(m) may only count as a core activity for a cumulative total of 12 months during an individual's 60-month time limit on aid.
 - (a) This 12-month limit begins on the first day of the month in which an individual begins vocational education and training as part of a welfare-to-work plan signed on or after December 1, 2004.
 - (1) A month in which an individual participates in at least an average of 20 hours of core activities per week as described in Sections 42-716.31(a) through (j), and (n), shall not count toward the 12-month limit on counting vocational education and training as a core activity, when the individual is also assigned to vocational education and training as part of a welfare-to-work plan.
 - .22 The remaining hours, up to 12 hours for an adult in a one-parent assistance unit pursuant to Section 42-711.411, or up to 15 hours for an adult in a two-parent assistance unit pursuant to Section 42-711.421, may be comprised of any of the welfare-to-work activities described in Section 42-716.31.

.23 Hours spent in specified non-core activities [mental health, substance abuse, and domestic abuse services, as described in Sections 42-716.31(q), and classroom, laboratory, and internships in adult basic education, job skills training directly related to employment, satisfactory progress in a secondary school or in a course of study leading to a certificate of general educational development, and education directly related to employment, as described in Sections 42-716.31(k), (l), (o), and/or (p) respectively] in excess of those that can be accomplished within the non-core hours can count as core hours if:

.231 The county has determined that the assigned participation, if any, in mental health, substance abuse, and domestic abuse services is necessary for the individual to participate in core activities; and

.232 The assigned participation hours, if any, in classroom, laboratory, and internship activities in adult basic education, job skills training directly related to employment, satisfactory progress in a secondary school or in a course of study leading to a certificate of general educational development, and education directly related to employment programs meet the criteria listed below:

(a) The program leads to a self-supporting job.

(b) The individual is making satisfactory progress.

(c) The individual does not possess a baccalaureate degree unless he or she is pursuing a California regular classroom teaching credential.

(d) The program is on the county list of programs that the county and local agencies agree will lead to employment in accordance with Section 42-711.543(b).

(1) If the program is not on the county-approved list, the county must continue to provide the individual with the opportunity to demonstrate, in accordance with Section 42-711.543(b)(1)(A), that completion of the program will lead to self-supporting employment.

.24 Additional conditions on counting hours spent in non-core activities as core hours.

.241 Non-core hours spent in other activities necessary to assist an individual in obtaining unsubsidized employment, and participation required of the parent by the school to ensure the child's attendance, as specified in Sections 42-716.31(r) and (s), shall not prevent an individual from counting hours spent in those non-core activities described in Section 42-716.23 as core hours.

.242 Hours spent in vocational education and training, as a non-core activity, as specified in Section 42-716.31(m), shall prohibit an individual from counting non-core hours as described in 42-716.23 as core hours.

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Example 1: An adult in a one-parent AU does not meet welfare-to-work exemption criteria. She must participate in at least 20 hours of core welfare-to-work activities per week with the balance of her 32-hour participation requirement spent in either core or non-core welfare-to-work activities. A combined 18 hours of substance abuse and mental health treatment (8 and 10 hours, respectively) are necessary for her to participate in her core welfare-to-work activity. Because only 12 of the necessary 18 hours of treatment can be accomplished as non-core participation hours, the remaining six hours of substance abuse services are counted toward her core requirement. The individual must then participate for 14 hours in a core activity to fulfill her 32-hour participation requirement.

	Core Hours	Non-core Hours That Count As Core Hours	Non-core Hours	Hours of Participation
Core WTW Activity	14			14
Substance Abuse		6	2	8
Mental Health			10	10
Total Hours of Participation				32

Example 2: An adult in a two-parent AU must participate in at least 20 hours of core welfare-to-work activities per week with the balance of his 35-hour participation requirement spent in either core or non-core activities. The individual needs 20 hours of classroom, laboratory, or internship activities in a job skills training program (computer training) to assist him to obtain a self-supporting job as an office clerk, and the training meets the necessary criteria to qualify as a core welfare-to-work activity. Because only 15 of the necessary 20 hours of job skills training can be accomplished as non-core participation hours, the remaining five hours of training are counted toward his core requirement. He must then participate for 15 hours in a core activity to fulfill his 35-hour participation requirement.

	Core Hours	Non-core Hours That Count As Core Hours	Non-core Hours	Hours of Participation
Core WTW Activity	15			15
Job Skills Training		5	15	20
Total Hours of Participation				35

Example 3: An adult in a one-parent AU must participate in at least 20 hours of core welfare-to-work activities per week with the balance of her 32-hour participation requirement spent in either core or non-core activities. The individual needs 20 hours of classroom, laboratory, or internship activities in a job skills training program (mechanical drawing program that meets all specified criteria) to obtain a self-supporting job as a draftsman. Eight hours of substance abuse treatment is also necessary for the individual to participate in her core activity. Because only 12 of the necessary 28 hours of educational activities and substance abuse treatment can be accomplished as non-core participation hours, the remaining 16 hours in these activities are counted toward her core requirement. She must then participate for four hours in another core activity to fulfill her 32-hour participation requirement.

	Core Hours	Non-core Hours That Count As Core Hours	Non-core Hours	Hours of Participation
Core WTW Activity	4			4
Job Skills Training		16	4	20
Substance Abuse Treatment			8	8
Total Hours of Participation				32

Example 4: A non-exempt individual needs 32 hours of short-term substance abuse treatment services per week and is registered in a residential treatment facility as part of his welfare-to-work plan. Since all 32 hours of the substance abuse treatment services cannot be accomplished as non-core participation hours, 20 hours of the substance abuse treatment are counted as a core activity. The individual, therefore, is fully meeting his 32-hour participation requirement.

	Core Hours	Non-core Hours That Count As Core Hours	Non-core Hours	Total Hours of Participation
Substance Abuse		20	12	32

Example 5: An adult in a one-parent AU does not meet welfare-to-work exemption criteria and must participate in at least 20 hours of core welfare-to-work activities per week. The balance of her 32-hour participation requirement must be spent in either core or non-core

activities. She needs eight hours of substance abuse treatment services in order to participate in core activities. The individual is currently in her 12th month in a vocational education program which she attends for 24 hours per week. Since participation in a post 12-month vocational education program cannot be counted as a core activity, the individual's welfare-to-work plan is amended to include 20 hours of work experience, which is consistent with her assessment and continues moving her toward self-sufficiency, to meet her core requirement. Due to the continued need of eight hours of substance abuse treatment, the county can only count four hours of the post 12-month vocational education program as a non-core activity to satisfy the 32-hour welfare-to-work requirement. If the individual wishes to maintain her hours in the vocational education program, any hours beyond the 32-hour participation requirement must be on a voluntary basis.

	Core Hours	Non-core Hours That Count As Core Hours	Non-core Hours	Hours of Participation
Work Experience	20			20
Vocational Education (after counting as core for 12 months), the additional 20 hours must be on a voluntary basis.			4	4
Substance Abuse			8	8
Total Hours of Participation				32

Example 6: An adult in a two-parent AU must participate in at least 20 hours of core welfare-to-work activities per week with the balance of her 35-hour participation requirement spent in either core or non-core activities. The individual needs 20 hours of education directly related to employment. The family also needs four hours per week of family maintenance activities. Because only 11 of the necessary 20 hours of education directly related to employment can be accomplished as non-core participation hours, the remaining nine hours in this activity are counted toward her core requirement. She must then participate for 11 hours in a core activity to fulfill her 35-hour participation requirement.

	Core Hours	Non-core Hours That Count As Core Hours	Non-core Hours	Hours of Participation
Core WTW Activity	11			11
Education Directly Related to Employment		9	11	20
Family Maintenance			4	4
Total Hours of Participation				35

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.26 For purposes of complying with the requirements in Section 42-716.232, study time hours shall be treated in the following manner:

.261 Study time hours shall count as a core welfare-to-work activity if the individual receives educational credits or units for those hours, the credits and/or units count toward the completion of an individual's degree or certificate program, and the program for which study time is credited also meets the other criteria that allow participation in that activity to count as core hours.

.262 At the county's option, and when specified in the county's CalWORKs plan, non-credit study time hours, whether supervised or unsupervised, can be counted as hours of participation, but only as non-core welfare-to-work activities.

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.263 Example: An adult in a one-parent AU must participate in at least 20 hours of core welfare-to-work activities per week with the balance of her 32-hour participation requirement spent in either core or non-core activities. The individual needs 16 hours of classroom, laboratory, or internship activities of which four hours is credited study time, in an "education directly related to employment" certificate program (accounting technician program that meets all specified criteria) to obtain a self-supporting job as an accounting technician. Because study time is credited and counts toward the certificate program, it is considered education directly related to employment. Since only 12 of the necessary 16 hours of educational activities can be accomplished as non-core participation hours, the remaining four hours are counted toward her core requirement. She is also participating in 16 hours of work-study, which is a core activity, to fulfill her 32-hour participation requirement.

	Core Hours	Non-core Hours That Count As Core Hours	Non-core Hours	Hours of Participation
Work-study	16			16
Education Directly Related to Employment		4	12	16
Total Hours of Participation				32

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.113 The welfare-to-work plan described at Section 42-711.6 shall include welfare-to-work activities.

.1431 Welfare-to-work activities may include, but are not limited to, any of the following:
(Continued)

(d) Work experience, as defined in Section 42-701.2(w)(4 3). (Continued)

(2) The maximum Hhours of participation in unpaid work experience shall be limited as follows: (Continued)

(3) The monthly limit in Sections 42-716.1431(d)(2)(A) and (B) shall be considered to have been met by participation in an average weekly number of hours determined by dividing the monthly amount by 4.33 (average number of weeks per month). (Continued)

(f) Grant-based OJT, as defined in Section 42-701.2(g)(2) and pursuant to Section 42-716.87.

(g) Supported work or transitional employment as defined in Section 42-701.2(s)(3), and pursuant to Section 42-716.87, except that only the grant or the grant savings can be diverted to the employer. (Continued)

(j) Community service as defined in Section 42-701.2(c)(3).

(1) At the time of the assignment to the community service activity, the CWD shall identify the job skills(s) to be developed or enhanced. The CWD shall review the community service activity as necessary to determine the participant's progress toward reaching the training goal.

(42) Hours of participation in unpaid community service ~~prior to the time limit specified in Section 42-710~~ shall be limited as follows:

(A) A Pparticipants in unpaid community service activities whose assistance units includes food stamp recipients ~~shall~~ may

participate in these activities for no more than the number of hours each month, determined collectively for the assistance unit, equal to the CalWORKs assistance unit's grant plus the assistance unit's portion of the food stamp allotment divided by the higher of the state or federal minimum wage. If all or a portion of the CalWORKs assistance unit's grant has been diverted to an employer pursuant to Sections 42-701.2(g)(2) and 42-716.31(f), only that portion, if any, received as a grant and the assistance unit's portion of the food stamp allotment shall be used in this calculation.

(B) A ~~P~~participants in unpaid community service activities whose assistance units does not include food stamp recipients shall may participate in these activities for no more than the number of hours each month, determined collectively for the assistance unit, equal to the CalWORKs assistance unit's grant divided by the higher of the state or federal minimum wage. If all or a portion of the CalWORKs assistance unit's grant has been diverted to an employer pursuant to Sections 42-701.2(g)(2) and 42-716.31(f), only that portion, if any, received as a grant shall be used in this calculation.

(23) The monthly limit in Sections 42-716.4431(j)(42)(A) and (B) shall be considered to have been met by participation in an average weekly number of hours determined by dividing the monthly amount by 4.33 (average number of weeks per month).

~~(3) Hours of participation in unpaid community service after the time limit specified in Section 42-710 shall be determined in accordance with Section 42-711.93 or .94.~~

(4) Community service activities shall comply with the non-displacement provisions specified in Section 42-720.

(k) (Continued)

(q) Mental health (see Section 42-716.54), substance abuse (see Section 42-716.65), and domestic abuse services (see Section 42-713.221) that are necessary to obtain and retain employment. (Continued)

(s) Participation required of the parent by the school to ensure the child's attendance, in accordance with Section 42-711.6342(a).

.32 Assignment to an educational activity identified under Sections 42-716.4431(k), (m), (o), and (p) is limited to those situations in which the education is needed to become employed.

- ~~.33~~ Every CWD shall provide an adequate range of the activities described in Section 42-716.4431 to ensure each participant's access to needed activities and services to assist him or her in seeking employment, to provide education and training the participant needs to find self-supporting work, and to arrange for placement in paid or unpaid work settings that will enhance a participant's ability to obtain unsubsidized employment.

~~.4~~ Community Service

~~.41~~ CWD Requirements for Provision of Community Service Activities

- ~~.411~~ The CWD may provide for community service activities for individuals who have not completed the 18 or 24 month time limit period specified in Section 42-710 and are not employed in unsubsidized employment sufficient to meet the minimum hours of participation required by Section 42-711.4.
- ~~.412~~ The CWD shall provide for community service activities for individuals who have completed the 18 or 24 month time limit period, under the conditions specified in Section 42-711.91.
- ~~.42~~ At the time of the assignment to the community service activity, the CWD shall identify the job skill(s) to be developed or enhanced. The CWD shall review the community service activity as necessary to determine the participant's progress toward reaching the training goal.
- ~~.421~~ Revisions to the welfare to work plan shall be made as necessary to ensure that the community service assignment continues to be consistent with the participant's plan and is effective in preparing the participant to obtain employment.
- ~~.43~~ Community service activities shall comply with the nondisplacement provisions specified in Section 42-720.
- ~~.44~~ Individuals assigned to a community service activity, before the expiration of the 18 or 24 month time limit, shall participate in community service activities for the number of hours specified in their welfare to work plans.
- ~~.45~~ Individuals required to participate in a community service activity, after the expiration of the 18 or 24 month time limit, shall participate as specified in Section 42-711.9.
- ~~.46~~ Child care supportive services shall be provided to community service participants as specified in Section 42-750. Other supportive services may be provided by the CWD at the CWD's option.

.54 Mental Health Treatment Services (Continued)

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.541 (Continued)

.5411 (Continued)

.5412 (Continued)

.5413 (Continued)

.5414 In cases where a secondary diagnosis of substance abuse is made in a person referred for mental or emotional disorders, the welfare-to-work plan shall also address the substance abuse treatment needs of the participant. [See Section 42-716.65.]

.5415 (Continued)

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.65 Substance Abuse Treatment Services

.651 (Continued)

.6511 (Continued)

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.6512 (Continued)

.6513 (Continued)

.6514 (Continued)

.6515 (Continued)

.652 (Continued)

HANDBOOK ENDS HERE

.76 Job Openings

.761 The employer or sponsor of an employment or training position specified in Section 42-716.431 shall assist and encourage qualified participants to apply for job openings in the sponsor's organization.

.762 (Continued)

.763 (Continued)

.87 Grant-based OJT

.871 (Continued)

.8711 (Continued)

.8712 (Continued)

.8713 (Continued)

.8714 (Continued)

.8715 (Continued)

.8716 An agreement by the participant acknowledging the participant's obligation to return to the CWD any recovered wages up to the amount of the corrective underpayment paid pursuant to Section 42-716.~~85742~~.

.872 The CWD shall provide grant-based OJT funded community service positions; ~~pursuant to Sections 42-711.9 and 42-716.4,~~ only if the community service component of the county CalWORKs plan specifies the process by which the CWD will comply with the voluntary consent requirement and lists the languages, other than English, in which written consent will be obtained.

.873 (Continued)

.8731 (Continued)

.8732 (Continued)

~~.84 After the participant has reached their 18 or 24 month limit as specified in Section 42-710, the subsidy provided to the employer by the CWD shall be limited to the amount of the participant's diverted grant and/or grant savings.~~

~~.841~~733 Nothing in this Section 42-716.~~8473~~ shall preclude an employer from using its own funds to pay a portion of the participant's wages.

~~.8574~~ (Continued)

~~.85741~~ Section 42-716.~~85741~~(MR) shall become inoperative and Section 42-716.~~85741~~(QR) shall become operative in a county on the date QR/PB

becomes effective in that county, pursuant to the Director's QR/PB Declaration.
(Continued)

.85742 (Continued)

.8675 (Continued)

.876 (Continued)

.8761 (Continued)

.8762 (Continued)

.8763 (Continued)

.8764 (Continued)

.8765 That the employer's participation in grant-based-OJT funded job placements may be cancelled pursuant to Section 42-716.88771.

.8877 (Continued)

.88771 (Continued)

.88772 (Continued)

.8978 (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11253.5(b), 11265.1, 11265.2, 11320.3(b)(2), 11322.6, 11322.61, 11322.7, 11322.8, 11322.9, ~~11322.9(a), (b), (c), (d)(6), (e), and (f)~~, 11324.4, 11324.6(a), 11325.21(a) and (d)(1), 11325.22(b)(1), 11325.7(a), (c), (d), 11325.8(a), (c), (d), and (f), 11326, 11327.5, 11450.5, 11451.5, and 11454(a), Welfare and Institutions Code; and Section 8358(c)(2), Education Code; 7 U.S.C. 2029(a)(1); 7 U.S.C. 2035; U.S. Department of Labor guidance on FLSA, with attached U.S.D.A., Food and Nutrition Service (FNS) guidance on an SFSP, dated May 22, 1997; and Simplified Food Stamp Program approval letters from FNS to implement the provisions of an SFSP, dated May 5, 2000 and August 3, 2000.

Amend Section 42-718 to read:

42-718 OTHER PROVIDERS OF ACTIVITIES AND SERVICES (Continued) 42-718

.2 Contracts/Agreements for Job Search, Training, and Education Services

.21 Except as specified in Sections 42-718.212 and .213, any contract/agreement which provides for payment for training and education services shall be competitively selected using applicable State and federal regulations. Payment for services which are part of an individual's welfare-to-work plan may be made based upon fixed-unit-price performance-based criteria.

.211 Under these contracts, full payment shall not be considered earned by the contractor for training and education services as defined in Sections 42-716.4131(a) through (r) until either of the following has occurred: (Continued)

Authority Cited: Sections 10553, 10554 and 10604, Welfare and Institutions Code.

Reference: Sections 10619, 11320, 11322.62, and 11328.8, Welfare and Institutions Code.

Amend Section 42-719 to read:

42-719 SCHOOL ATTENDANCE

42-719

- .1 All children in an assistance unit (AU) for whom school is compulsory, but who are not subject to Cal-Learn requirements as described in Sections 42-762 through 42-769, shall be required to regularly attend school, as specified in Section 40-105.5.
- .11 Teens ages 16 and 17, who are not regularly attending elementary, secondary, vocational, or technical school on a full-time basis, shall be referred to the CWD to have a welfare-to-work plan developed in accordance with Section 42-711.
- .111 The welfare-to-work plan for teens ages 16 and 17, who have not completed high school or its equivalent, shall be for the purpose of completing high school or its equivalent only. (Continued)
 - (b) ~~18 and 24 month time limits under Section 42-710 shall not apply to these teens.~~
 - (eb) (Continued)
- .2 Except as exempted in accordance with Section 42-712.422, teens ages 16 and 17 who have completed high school or its equivalent are required to participate in welfare-to-work activities and are subject to all Welfare-to-Work Program requirements specified in Section 42-711.
- .21 ~~18 and 24 month time limits shall not apply to these teens.~~
- .3 (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11253.5, 11320.3(a) and (b)(2), 11322.8(a), 11325.21, 11331.5, and 11454(a), Welfare and Institutions Code; and Section 48200, Education Code.

Amend Section 42-720 to read:

42-720 NONDISPLACEMENT PROTECTION IN WORK ACTIVITIES

42-720

.1 Displacement Provisions

Except as specified in Section 42-720.3, an education, employment, or training program position specified in Sections 42-716.4431(a) through (l), or under any county pilot project, may not be created as a result of, or may not result in, any of the following: (Continued)

.3 Notification of labor unions and non-union employees of the use of CalWORKs recipients.

.31 The CWD shall notify or ensure that an employment or training provider notifies:

- .311 The appropriate labor union of the use of a CalWORKs recipient assigned to a welfare-to-work employment or training activity described in Section 42-716.4431 or any position created under a county pilot project, in any location or work activity controlled by an employer and covered by a collective bargaining agreement between the employer and a union; or (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11324.5, 11324.6, and 11324.7, Welfare and Institutions Code.

Amend Section 42-721 to read:

42-721 NONCOMPLIANCE WITH PROGRAM REQUIREMENTS
(Continued)

42-721

.3 Good Cause for Failure or Refusal to Comply with Program Requirements

.31 No sanctions shall be applied for failure or refusal to comply with program requirements for reasons related to employment, an offer of employment, an activity, or other training for employment including, but not limited to, the following reasons:
(Continued)

.313 The employment, offer of employment, activity, or other training for employment is remote from the individual's home because either: (Continued)

An individual who fails or refuses to comply with the program requirements based on the remoteness of the employment, offer of employment, activity, or other training for employment shall be required to participate in community service activities ~~in accordance with Section 42-716.4 as defined in Section 42-701.2(c)(3), and in accordance with Section 42-716.31(j)(2).~~ (Continued)

.4 Sanctions

.41 Financial sanctions shall be applied when a non-exempt welfare-to-work participant has failed or refused to comply with program requirements without good cause and compliance efforts have failed. (Continued)

~~.412 Any month in which an individual is under sanction and removed from the assistance unit shall not be counted in determining the 18 and 24 month time limits in accordance with Section 42-710.63.~~

.4132 (Continued)

.4143 Section 42-721.4143(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration. (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11203, 11265.2, 11320, 11320.31, 11322.9, 11324.8(d), 11327.4, 11327.5(a) through (e), 11327.6, 11327.8, 11327.9, 11328.2, 11333.7, 11454, and 16501.1(d), (e), (f), and (g), Welfare and Institutions Code.

Amend Section 42-722 to read:

42-722 LEARNING DISABILITIES PROTOCOLS AND STANDARDS 42-722
(Continued)

.6 Learning Disabilities Participation Requirements

.61 Unless exempt pursuant to Section 42-712, an individual with a learning disability must participate for the required number of hours as specified in Sections 42-711.411 or .421. (Continued)

.7 Identifying Participants With Learning Disabilities During Good Cause Determination, Compliance Process and/or Stopping of a Welfare-to-Work Sanction (Continued)

.73 If a learning disability is confirmed through an evaluation for an individual who is attempting to stop his/her welfare-to-work sanction, the county will determine whether the learning disability was a contributing factor to his/her noncompliance.

.731 If the learning disability was a contributing factor to the individual's noncompliance: (Continued)

(c) If the individual chooses to receive aid for the rescinded sanction period, in accordance with Section 42-722.731(b)(1), all months in that period will be counted against the 60-month time limits, ~~but not against the 18- or 24-month clock, in accordance with Section 42-722.8.~~ (Continued)

~~.8 Retrospective Adjustment of the 18- and 24-Month Time Clock~~

~~.81 Counties must retrospectively adjust an individual's 18- or 24-month time clock when the participant meets all of the following criteria:~~

~~.811 Has a verified learning disability; and~~

~~.812 One of the following:~~

~~(a) Was not screened and evaluated for learning disabilities before signing the welfare-to-work plan; or~~

~~(b) Was screened by the county, evaluated, and found to have a learning disability; and~~

~~.813 Both of the following:~~

~~(a) Signed a welfare-to-work plan; and~~

- (b) Participated in welfare-to-work activities, but without appropriate accommodations for his/her learning disabilities; and

- ~~.814 Did not make satisfactory progress in welfare-to-work activities.~~
- ~~.82 When a participant meets the criteria in Section 42-722.81, the county will do the following:~~
 - ~~.821 Credit back one full month to the 18 or 24 month time clock for every partial or full month that the individual participated in welfare-to-work activities without appropriate accommodations and did not make satisfactory progress in his or her welfare-to-work activities;~~
 - ~~.822 Provide him/her with written notice of the number of months credited back to his/her 18 or 24 month welfare-to-work time clock, the number of months remaining on his/her 18 or 24 month time clock, and the reason for the adjustment; and~~
 - ~~.823 Amend his/her welfare-to-work plan to include appropriate welfare-to-work activities, services and/or accommodations.~~
- ~~.83 Participants who refuse to be screened, evaluated, or accommodated are not eligible on the basis of a learning disability for an adjustment of their 18 or 24 month time clocks.~~

~~HANDBOOK BEGINS HERE~~

- ~~.84 Existing CalWORKs policies governing the 60 month time limit are unaffected by the retrospective adjustment of the 18 or 24 month time clock, pursuant to Sections 42-722.82 and .83.~~

~~HANDBOOK ENDS HERE~~

.8 Inter-County Transfers of Individuals With Learning Disabilities

- .851 (Continued)
 - .8511 (Continued)
 - .8512 (Continued)
 - .8513 (Continued)

Authority Cited: Section 10553, Welfare and Institutions Code.

Reference: Sections 10850, 11320.3(f), 11322.8, 11325.2(a), 11325.25, 11325.4, 11325.5, 11327.4, 11327.5, 11454, and 11454(a) and (b), Welfare and Institutions Code.

Amend Section 42-802.2 to read:

42-802 JOB, TRAINING, AND EDUCATION FOR RCA
 WELFARE-TO-WORK PARTICIPANTS (Continued)

42-802

.2 Work experience as described in Section 42-716.4431(d). (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11320, and 11321.6(b) and (d), Welfare and Institutions Code; and 45
 CFR 400.203.

Amend Section 42-1009.112 to read:

42-1009 MANDATORY COMPONENTS FOR SRS PARTICIPANTS

42-1009

.1 The SRS Component shall include the following four services and activities.

.11 Any educational activity below the postsecondary level that the agency determines to be appropriate to the participant's employment goal. Such activities may be combined with training that the agency determines is needed in relation to the participant's employability plan. The educational activities that shall be made available include, but are not limited to:

.112 Basic and remedial education that will provide an individual with a basic literacy level in accordance with Section 42-716.32.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11322.6 and 13280, Welfare and Institutions Code.

Amend Section 42-1010.1 to read:

42-1010 OPTIONAL COMPONENTS FOR SRS PARTICIPATION

42-1010

- .1 In addition to the mandatory components specified in Section 42-1009, the SRS Component shall include unsubsidized employment, job search, OJT and at least two of the other activities listed in Section 42-716.431: (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11322.7, Welfare and Institutions Code.

Amend Section 44-111.233 to read:

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION 44-111
AS INCOME (Continued)

.2 Exemption of Earned Income (Continued)

.23 \$225 and 50% Disregard (Continued)

.233 Wages derived from a diverted grant and/or grant savings and paid to CalWORKs recipients who are participants in the grant-based OJT programs specified in Sections 42-716.4431(f) and (g) shall not be eligible for the \$225 and 50 percent earned income disregard.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11008.15, 11265.2, 11280, 11322.6(f)(3), 11157 (Ch. 439, Stats. of 2002), 11450.5, 11450.12, 11451.5, and 11451.7, Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 8, Public Law 93-134; Section 2, Public Law 98-64; Section 13736, Public Law 103-66; Section 1, Public Law 100-286, Section 202(a), Public Law 100-485 and 20 USC 1087uu; 45 CFR 233.20(a)(3)(iv)(B), (a)(3)(xxi), 45 CFR 233.20(a)(4)(ii); (a)(4)(ii)(d); 45 CFR 233.20(a)(4)(ii)(p) and (q); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); Federal Action Transmittals ACF-AT-94-27 and 94-4 and FSA-IM-89-1.

Amend Section 63-407.241(b) (Handbook) to read:

63-407 WORK REGISTRATION REQUIREMENTS (Continued)

63-407

.2 Work Registration Exemptions and Registration in Substitute Programs (Continued)

.24 CalWORKs Unpaid Community Service and Work Experience

Participants in unpaid community service and work experience activities under CalWORKs shall be considered to be participating in the Food Stamp Workfare Program, subject to the following:

- .241 Such persons shall be subject to all CalWORKs Welfare-to-Work (WTW) Program statutes and regulations, including WTW exemptions, except that, consistent with Section 2029(a)(1) of Title 7 of the United States Code, the hours of participation shall be limited as follows: (Continued)

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- (b) The WTW Program regulations are located in MPP Chapter 42-700. See ~~Section 42-711.9 and Section 42-716.4431(j)~~ for further instructions on hours of participation for community service. See Section 42-716.4431(d) for further instructions on hours of participation for work experience.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554 and 18904, Welfare and Institutions Code.

Reference: Sections 10554 and 18904, Welfare and Institutions Code; 7 CFR 273.1(d)(2); 7 CFR 273.7; 7 U.S.C. 2014(e); 7 U.S.C. 2015(d) and (o); 7 CFR 2025(h); 7 U.S.C. 2029(a)(1) and (e); 7 U.S.C. 2035; Sections 4121(c) and (d) of the Food Stamp Reauthorization Act of 2002 (P.L. 107-171); U.S. Department of Labor guidance on FLSA, with attached U.S.D.A., Food and Nutrition Service (FNS) guidance on Simplified Food Stamp Program (SFSP), dated May 22, 1997; SFSP approval letters from FNS to implement the provisions of an SFSP, dated May 5, 2000 and August 3, 2000; FNS letters to CDSS dated August 27, 2001 and November 13, 2001 regarding compliance with the food stamp work registration requirements and resumption of food stamp benefits after a disqualification; and FNS policy interpretation dated September 16, 2003.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State, only

STD. 400 (REV. 4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 06-0619-02	EMERGENCY NUMBER 06-0619-02
For use by Office of Administrative Law (OAL) only		2006 JUN 19 PM 2:39 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services		AGENCY FILE NUMBER (if any) ORD #1105-19	

FILED
in the office of the Secretary of State
of the State of California

JUN 26 2006

At 3:43 O'clock P.M.

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Adult Programs - Protective Supervision and Variable Assessments	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually)	ADOPT
	AMEND Sections 30-757 and 30-761
	REPEAL
TITLE(S) MPP	

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☒ Emergency (Gov. Code, § 11346.1(b))	☐ Emergency Readopt (Gov. Code, § 11346.1(h))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☒ Print Only <i>cc by Agency 6/23/06 HGS</i>	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))		
☐ Effective 30th day after filing with Secretary of State	☒ Effective on filing with Secretary of State	☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Alison Garcia, Manager, Office of Regs.	TELEPHONE NUMBER (9) 657-2586	FAX NUMBER (Optional) (9) 654-3286	E-MAIL ADDRESS (Optional)
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8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE



TYPED NAME AND TITLE OF SIGNATORY

Robert Sertich, Chief Deputy Director

DATE

6/16/06

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000 100-100000

Amend Section 30-757 to read:

30-757 PROGRAM CONTENT

30-757

- .1 Only those services specified below shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP. (Continued)
- .17 Protective ~~sSupervision consisting~~ consists of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.
- .171 ~~This service~~ Protective Supervision is available for ~~monitoring~~ observing the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons only, with the following exceptions:
- (a) ~~Protective supervision does not include friendly visiting or other social activities.~~
 - (b) ~~Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical.~~
 - (c) ~~Supervision is not available in anticipation of a medical emergency.~~
 - (d) ~~Supervision is not available to prevent or control anti-social or aggressive recipient behavior.~~
 - (a) Protective Supervision may be provided through the following, or combination of the following arrangements:
 - (1) In-Home Supportive Services program;
 - (2) Alternative resources such as adult or child day care centers, community resource centers, Senior Centers; respite centers;
 - (3) Voluntary resources.
 - (4) A reassurance phone service when feasible and appropriate.
- .172 ~~Protective supervision is available under the following conditions:~~
- (a) ~~Social service staff have determined that a twenty-four hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided.~~

~~(b) Services staff determine that the entire twenty-four-hour need for protective supervision can be met through any of the following, or combination of the following:~~

~~(1) IHSS~~

~~(2) Alternative resources.~~

~~(3) A reassurance phone service when feasible and appropriate.~~

.172 Protective Supervision shall not be authorized:

(a) For friendly visiting or other social activities;

(b) When the need is caused by a medical condition and the form of the supervision required is medical.

(c) In anticipation of a medical emergency;

(d) To prevent or control anti-social or aggressive recipient behavior.

(e) To guard against self-destructive behavior.

.173 Protective Supervision is only available under the following conditions as determined by social service staff:

(a) At the time of the initial assessment or reassessment, a need exists for twenty-four-hours-a-day of supervision in order for the recipient to remain at home safely.

(1) For a person identified by county staff to potentially need Protective Supervision, the county social services staff shall request that the form SOC 821 (11/05), "Assessment of Need for Protective Supervision for In-Home Supportive Services Program," be completed by a physician or other appropriate medical professional to certify the need for Protective Supervision and returned to the county.

(A) For purposes of this regulation, appropriate medical professional shall be limited to those with a medical specialty or scope of practice in the areas of memory, orientation, and/or judgment.

(2) The form SOC 821 (11/05) shall be used in conjunction with other pertinent information, such as an interview or report by the social

service staff or a Public Health Nurse, to assess the person's need for Protective Supervision.

- (3) The completed form SOC 821 (11/05) shall not be determinative, but considered as one indicator of the need for Protective Supervision.
- (4) In the event that the form SOC 821 (11/05) is not returned to the county, or is returned incomplete, the county social services staff shall make its determination of need based upon other available information.

HANDBOOK BEGINS HERE

- (5) Other available information can include, but is not limited to, the following:
 - (A) A Public Health Nurse interview;
 - (B) A licensed health care professional reports;
 - (C) Police reports;
 - (D) Collaboration with Adult Protective Services, Linkages, and/or other social service agencies;
 - (E) The social service staff's own observations.

HANDBOOK ENDS HERE

- (b) At the time of reassessment of a person receiving authorized Protective Supervision, the county social service staff shall determine the need to renew the form SOC 821 (11/05).
 - (1) A newly completed form SOC 821 (11/05) shall be requested if determined necessary, and the basis for the determination shall be documented in the recipient's case file by the county social service staff.
- (c) Recipients may request protective supervision. Recipients may obtain documentation (such as the SOC 821) from their physicians or other appropriate health care professionals for submission to the county social service staff to substantiate the need for protective supervision.

.1734 Social services staff shall discuss the need for twenty-four-hours-a-day supervision with the recipient, or the recipient's guardian or conservator, and the appropriateness of out-of-home care as an alternative to pProtective sSupervision. (Continued)

Authority cited: Sections 10553, ~~and~~ 10554, and 12300(b), Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068; and Sections 12300, 12300(b), 12300(c)(7), 12300(f), 12300(g), ~~and~~ 12300.1, and 12301.21, Welfare and Institutions Code.

Amend Section 30-761 to read:

30-761 NEEDS ASSESSMENT STANDARDS

30-761

.1 Services shall be authorized only in cases which meet the following conditions:
(Continued)

.12 A needs assessment establishes a need for the services identified in Section 30-757 consistent with the purposes of the IHSS program, as specified in Section 30-750.1, except as provided in Section 30-759.8.

.13 Social services staff of the designated county department has had a face-to-face contact with the recipient in the recipient's home at least once within the past 12 months, except as provided in Sections 30-761.215 through .217, and has determined that the recipient would not be able to remain safely in his/her own home without IHSS. If the face-to-face contact is due but the recipient is absent from the state but still eligible to receive IHSS pursuant to the requirements stated in Section 30-770.4, Residency, the face- to-face requirement is suspended until such time as the recipient returns to the state. (Continued)

.2 Needs Assessments

.21 Needs assessments are performed: (Continued)

.212 Prior to the end of the twelfth calendar month from the last face-to-face assessment except as provided in Sections 30-761.215 through .217.

(a) If a reassessment is completed before the twelfth calendar month, the month for the next reassessment shall be adjusted to the 12-month requirement except as provided in Section 30-761.215 through .217.

HANDBOOK BEGINS HERE

.213 Example: If a recipient's initial face-to-face assessment for IHSS was completed on December 12th, the county may complete the next reassessment anytime prior to December 31st.

.214 Example: If a reassessment is completed on September 15th, prior to the actual twelfth calendar month because of a change in the recipient's condition, the next reassessment shall occur anytime prior to September 30th.

HANDBOOK ENDS HERE

.215 Except for IHSS Plus Waiver cases, prior to the end of the eighteenth calendar month from the last reassessment if the county opted to extend the assessment in accordance with these regulations. A county may opt to extend the time for reassessment for up to six months beyond the regular 12-month period on a case-by-case basis if the county can document that all the following conditions exist, except as provided in Section 30-761.216:

- (a) The recipient had at least one reassessment since the initial program intake assessment; and
- (b) The recipient's living arrangement has not changed since the last annual assessment; and:
 - (1) The recipient lives with others (i.e., spouse, parent, live-in provider, housemate, children, a relative or non-relative); or
 - (2) Has regular meaningful contact with persons interested in the recipient's well being other than his/her provider; and
- (c) The recipient is able to satisfactorily direct his/her care; or:
 - (1) If the recipient is a minor, his/her parent or legal guardian is able to satisfactorily direct the recipient's care; or
 - (2) If the recipient is incompetent, his/her conservator is able to satisfactorily direct the recipient's care; and
- (d) There has not been any known change in the recipient's supportive services needs in the previous 24 months; and
- (e) There have not been any reports to, or involvements of, an adult protective services agency or other agencies responsible for addressing the health and safety of individuals documented in the case record since the last assessment; and
- (f) The recipient has not had a change in provider(s) in the previous six months; and
- (g) The recipient has not reported a change in his/her supportive services needs that requires a reassessment; and
- (h) The recipient has not been hospitalized in the previous three months.

.216 If some, but not all, conditions specified in Section 30-761.215(a) through (h) are met, the county may consider other factors in determining if the extended assessment period is appropriate. The factors include, but are not limited to:

- (a) Involvement in the recipient's care from a social worker case manager or similar representative of a human services agency, such as Multi Services Seniors Program (MSSP), Linkages, a regional center, or county mental health program; or
- (b) Prior to the end of the twelfth calendar month following the last assessment, the county receives a medical report from a physician or other licensed health care professional that states the recipient's medical condition is not likely to change.
 - (1) For purposes of this regulation, a licensed health care professional means a medical professional licensed in California acting within the scope of his or her license or certificate as defined in the California Business and Professions Code, and who has knowledge of the recipient's medical history.

.217 If the county opts to extend the reassessment period as provided in Section 30-761.215 through .216, the county shall document the basis of the decision in the case file.

.2138 Whenever the county has information indicating that the recipient's physical/mental condition, or living/social situation has changed need for supportive services is expected to decrease in less than 12 months, the county may reassess the recipient's needs in less than 12 months since the last assessment.

.219 The county shall reassess the recipient's need for services:

- (a) Any time the recipient notifies the county of a need to adjust the service hours authorized due to a change in circumstances; or
- (b) When there is other pertinent information which indicates a change in circumstances affecting the recipient's need for supportive services.

.22 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 12301.1 and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM

☐ Release of Information Attached

PATIENT'S NAME:		PATIENT'S DOB:
MEDICAL ID#: (IF AVAILABLE)	COUNTY ID#:	
IHSS SOCIAL WORKER'S NAME:		
COUNTY CONTACT TELEPHONE #:	COUNTY FAX #:	

Your patient is an applicant/recipient of In-Home Supportive Services (IHSS) and is being assessed for the need for Protective Supervision. Protective Supervision is available to safeguard against accident or hazard by observing and/or monitoring the behavior of non self-directing, confused, mentally impaired or mentally ill persons.

Protective Supervision is not available when: (1) the need for supervision is caused by a physical condition rather than a mental impairment;

- (2) prevention or control of antisocial or aggressive behavior is necessary (including self-destructive behavior, destruction of property, or harming others); or

- (3) a medical emergency (such as seizures, etc.,) is anticipated.

Please complete this form and return it promptly. Thank you for your assisting us in determining eligibility for Protective Supervision.

DATE PATIENT LAST SEEN BY YOU:	LENGTH OF TIME YOU HAVE TREATED PATIENT:
DIAGNOSIS/MENTAL CONDITION:	PROGNOSIS: ☐ Permanent ☐ Temporary - Timeframe: _____

PLEASE CHECK THE APPROPRIATE BOXES

MEMORY

- ☐ No deficit problem ☐ Moderate or intermittent deficit (explain below) ☐ Severe memory deficit (explain below)

Explanation: _____

ORIENTATION

- ☐ No disorientation ☐ Moderate disorientation/confusion (explain below) ☐ Severe disorientation (explain below)

Explanation: _____

JUDGMENT

- ☐ Unimpaired ☐ Mildly Impaired (explain below) ☐ Severely Impaired (explain below)

Explanation: _____

- Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? ☐ Yes ☐ No
If Yes, please specify: _____
- Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident? ☐ Yes ☐ No
- Do you have any additional information or comments? _____

CERTIFICATION

I certify that I am licensed to practice in the State of California and that the information provided above is correct.

SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL:	MEDICAL SPECIALTY:	DATE:
ADDRESS:	LICENSE NO.:	TELEPHONE: ()

RETURN THIS FORM TO:

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. '4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-06-0117-09	REGULATORY ACTION NUMBER 06-0622-015	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services			

2006 JUN 22 AM 10:26

OFFICE OF
ADMINISTRATIVE LAWFILED
in the office of the Secretary of State
of the State of California

JUL 11 2006

At 12:35 O'clock P.M.

AGENCY FILE NUMBER (if any)
ORD#1105-17

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 06, #4-2	PUBLICATION DATE 1-27-2006

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CRC/E, AB 1240, SB 358, Greshner v Anderson		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)			
SECTION(S) AFFECTED (List all section number(s) individually)		ADOPT AMEND See Attached REPEAL	
TITLE(S) Title 22, Div 6 and MPP			
3. TYPE OF FILING			
☒ Regular Rulemaking (Gov. Code, § 11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4) ☐ Emergency (Gov. Code, § 11346.1(b)) ☐ Emergency Readopt (Gov. Code, § 11346.1(h)) ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)			
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.			
☐ Print Only ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100) ☐ Other (specify)			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45) N/A			
5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))			
☒ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☐ Effective other (Specify)			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal			
☐ Other (Specify)			
7. CONTACT PERSON Alison Garcia, Manager		TELEPHONE NUMBER () 657-2586	FAX NUMBER (Optional) ()
		E-MAIL ADDRESS (Optional)	

8.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE



DATE

6-15-06

TYPED NAME AND TITLE OF SIGNATORY

CLIFF ALLENBY, Interim Director

Sections Affected

Amend Sections

80019, 80019.1, 80054, 87219, 87219.1, 87454, 87819, 87819.1, 87854, 88019,
101170, 101170.1, 101195, 102370, 102370.1, 102395

Amend Section 80019 to read:

80019 CRIMINAL RECORD CLEARANCE (Continued)

80019

(b) (Continued)

(6) The following persons in homes certified by licensed Foster Family Agencies:

(A) Adult friends and family of the certified foster parent, who come into the home to visit for a length of time no longer than one month, provided they are not left alone with the foster children. However, the certified foster parent, acting as a reasonable and prudent parent, as defined in paragraph (2) of subdivision (a) of Section 362.04 of the Welfare and Institutions Code, may allow his or her adult friends and family to provide short-term care to the foster child and act as an appropriate occasional short-term babysitter for the child.

(B) Parents of a foster child's friends when the child is visiting the friend's home and the friend, certified foster parent or both are also present. However, the certified foster parent, acting as a reasonable and prudent parent, may allow the parent of the foster child's friends to act as an appropriate short-term babysitter for the child without the friend being present.

(C) Individuals who are engaged by any certified foster parent to provide short-term babysitting to the child for periods not to exceed 24 hours. Certified foster parents shall use a reasonable and prudent parent standard in selecting appropriate individuals to act as appropriate occasional short-term babysitters.

(6 7) (Continued)

(7 8) (Continued)

(8 9) (Continued)

(9 10) (Continued)

(g) Violation of Section 80019(e) will result in an immediate assessment of civil penalties of one hundred dollars (\$100) per violation per day for a maximum of five (5) days by the Department.

(1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.

(12) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 152248. (Continued)

~~(j) The Department shall notify the licensee and the affected individual associated with the facility, in concurrent, separate letters, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.~~

~~(k j)~~ (Continued)

~~(l k)~~ (Continued)

~~(m l)~~ (Continued)

Authority Cited: Section 1530 and 1548(e), Health and Safety Code.

Reference: Sections 1503.5, 1505, 1508, 1522, 1531, 1533, 1538, 1540, 1540.1, 1541, 1547, 1548 and 1549, ~~and 14564~~, Health and Safety Code.

Amend Section 80019.1 to read:

80019.1 CRIMINAL RECORD EXEMPTIONS (Continued)

80019.1

(d) To request a criminal record exemption, a licensee or license applicant must submit information that indicates that the individual meets the requirements of Section 80019.1(c)(4). The Department will ~~send a written notice to~~ notify the licensee or license applicant and the affected individual, in concurrent, separate notices, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.

(1) The notice to the affected individual shall include a list of the conviction(s) that the Department is aware of at the time the notice is sent that must be addressed in an exemption request.

(2) The notice will list that lists the information that must be submitted to request a criminal record exemption.

(3) The information must be submitted within forty five (45) days of the date of the Department's notice.

(1 A) (Continued)

(2 B) (Continued)

(3 C) (Continued)

(4 D) ~~Except for certified foster parents, i~~ Individuals may request a criminal record exemption on their own behalf if the licensee or license applicant:

(A) 1. (Continued)

(B) 2. Chooses not to employ or tTerminates the individual's employment because after receiving notice of the individual's criminal history or

(C) 3. Removes the individual who resides in the facility because after receiving notice of the individual's criminal history. (Continued)

(h) (Continued)

(1) Exemption denial notices shall specify the reason the exemption was denied. (Cont.)

Authority Cited: Section ~~1522 and~~ 1530, Health and Safety Code.

Reference: Sections 1522 and 1531 ~~and~~ 14564, Health and Safety Code, and Gresher v. Anderson (2005) 127 Cal. App. 4th 88.

Amend Section 80054 to read:

80054 PENALTIES (Continued)

80054

- (b) Notwithstanding Section 80054(a) above, an immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed if any individual required to be fingerprinted under Health and Safety Code Section 1522(b) has not obtained a California clearance or a criminal record exemption, requested a transfer of a criminal record clearance or requested and be approved for a transfer of an exemption as specified in Section 80019(e) prior to ~~the individual's employment, residence or initial presence~~ working, residing or volunteering in the facility.
- (1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.
- (12) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 152248.
- (23) (Continued)

Authority Cited: Section 1530 and 1548, Health and Safety Code.

Reference: Sections 1522, 1534, and 1548, Health and Safety Code.

Amend Section 87219 to read:

87219 CRIMINAL RECORD CLEARANCE (Continued)

87219

(f) Violation of Section 87219(e) will result in an immediate assessment of civil penalties of one hundred dollars (\$100) per violation per day for a maximum of five (5) days by the Department.

(1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.

(12) (Continued)

Authority Cited: Section 1569.30 and 1569.49(d), Health and Safety Code.

Reference: Sections 1569.17 and 1569.49, Health and Safety Code; ~~and Section 42001, Vehicle Code.~~

Amend Section 87219.1 to read:

87219.1 CRIMINAL RECORD EXEMPTIONS (Continued)

87219.1

(d) To request a criminal record exemption, a licensee or license applicant must submit information that indicates that the individual meets the requirements of Section 87219.1(c)(4). The Department will ~~send a written notice to~~ notify the licensee or license applicant and the affected individual, in concurrent, separate notices, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.

(1) The notice to the affected individual shall include a list of the conviction(s) that the Department is aware of at the time the notice is sent that must be addressed in an exemption request.

(2) The notice will list that lists the information that must be submitted to request a criminal record exemption.

(3) The information must be submitted within forty five (45) days of the date of the Department's notice.

(1 A) (Continued)

(2 B) (Continued)

(3 C) (Continued)

(4 D) (Continued)

(A) 1. (Continued)

(B) 2. Chooses not to employ or terminates the individual's employment because after receiving notice of the individual's criminal history or

(C) 3. Removes the individual who resides in the facility ~~because after~~ receiving notice of the individual's criminal history. (Continued)

(h) (Continued)

(1) Exemption denial notices shall specify the reason the exemption was denied.
(Continued)

Authority Cited: Section 1569.30, Health and Safety Code.

Reference: Section 1569.17, Health and Safety Code; and ~~Section 42001, Vehicle Code.~~
Greshner v. Anderson (2005) 127 Cal. App. 4th 88.

Amend Section 87454 to read:

87454 PENALTIES (Continued)

87454

(b) Notwithstanding Section 87454(a) above, an immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed if any individual required to be fingerprinted under Health and Safety Code Section 1569.17(b) has not obtained a California clearance or a criminal record exemption, requested a transfer of a criminal record clearance or requested and be approved for a transfer of an exemption as specified in Section 87219(e) prior to ~~the individual's employment, residence or initial presence~~ working, residing or volunteering in the facility.

(1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.

(12) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1569.1749.

(23) (Continued)

Authority Cited: Section 1569.30 and 1569.49(a), Health and Safety Code.

Reference: Sections 1569.17, 1569.33, 1569.335, 1569.35, 1569.485, and 1569.49, Health and Safety Code.

Amend Section 87819 to read:

87819 CRIMINAL RECORD CLEARANCE (Continued)

87819

(e) Violation of Section 87819(d) will result in an immediate assessment of civil penalties of one hundred dollars (\$100) per violation per day for a maximum of five (5) days by the Department.

(1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.

(12) (Continued)

~~(h) The Department shall notify the licensee and the affected individual associated with the facility, in concurrent, separate letters, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.~~

(i h) (Continued)

(j i) (Continued)

(k j) (Continued)

Authority Cited: Section 1568.072 and 1568.0822(e), Health and Safety Code.

Reference: Sections 1568.072, ~~and 1568.09~~ and 1568.22, Health and Safety Code.

Amend Section 87819.1 to read:

87819.1 CRIMINAL RECORD EXEMPTIONS (Continued)

87819.1

(d) To request a criminal record exemption, a licensee or license applicant must submit information that indicates that the individual meets the requirements of Section 87819.1(c)(4). The Department will ~~send a written notice to~~ notify the licensee or license applicant and the affected individual, in concurrent, separate notices, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.

(1) The notice to the affected individual shall include a list of the conviction(s) that the Department is aware of at the time the notice is sent that must be addressed in an exemption request.

(2) The notice will list ~~that lists~~ the information that must be submitted to request a criminal record exemption.

(3) The information must be submitted within forty five (45) days of the date of the Department's notice.

(1 A) (Continued)

(2 B) (Continued)

(3 C) (Continued)

(4 D) (Continued)

(A) 1. (Continued)

(B) 2. Chooses not to employ or terminates the individual's employment because after receiving notice of the individual's criminal history or

(C) 3. Removes the individual who resides in the facility ~~because after~~ receiving notice of the individual's criminal history. (Continued)

(h) (Continued)

(1) Exemption denial notices shall specify the reason the exemption was denied.
(Continued)

Authority Cited: Section 1568.072, Health and Safety Code.

Reference: Sections 1568.072, 1568.082, 1568.09, and 1569.092, ~~and 13143,~~ Health and Safety Code, and Gresham v. Anderson (2005) 127 Cal. App. 4th 88.

Amend Section 87854 to read:

87854 PENALTIES (Continued)

87854

(b) An immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed if any individual required to be fingerprinted under Health and Safety Code Section 1568.09(b) has not obtained a California clearance or a criminal record exemption, requested a transfer of a criminal record clearance or requested and be approved for a transfer of an exemption as specified in Section 87819(d) prior to ~~the individual's employment, residence or initial presence~~ working, residing or volunteering in the facility.

(1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.

(12) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1568.09(b)0822.

(23) (Continued)

Authority Cited: Sections 1568.072 and 1568.0822(e), Health and Safety Code.

Reference: Sections 1568.072, 1568.0822, and 1568.09, Health and Safety Code.

Amend Section 88019 to read:

88019 CRIMINAL RECORD CLEARANCE

88019

(a) In addition to Section 80019, the following shall apply:

- (1) Prior to certification by the foster family agency, the applicant and all adults residing in the home shall obtain a criminal record clearance or exemption as specified in Health and Safety Code Section 1522~~must be obtained for all certified family home applicants and all other adults residing in the home.~~

- (A) ~~Fingerprint and the Child Abuse Central Index checks (LIC 198A, 3/99 for state licensed facilities and (LIC 198 [4/99] for county licensed facilities) shall be submitted directly to the California Department of Justice by the foster family agency.~~

- (2) ~~The foster family agency shall directly submit to the California Department of Justice fingerprints for~~ Prior to being alone with or having supervisory control of children, all foster family agency personnel who have contact with children in accordance with Health and Safety Code Section 1522(b) shall obtain a California criminal record clearance or exemption as specified in Health and Safety Code Section 1522.

- (3) ~~In addition to the requirements of 80019(d)(1)(A), Subsequent to certification, any all individuals subject to criminal record review pursuant to Health and Safety Code Section 1522 shall, prior to employment, residence or initial presence in the certified family home, be fingerprinted and sign a declaration regarding any prior criminal convictions or arrests for~~ declare whether he/she has been arrested for any crime against a child, spousal cohabitant abuse or for any crime as provided in 80019.1(m) for which the Department cannot grant an exemption if the individual was convicted. The declaration shall also acknowledge that his/her continued employment, residence or presence in the facility is subject to approval of the Department.

- (A) ~~The foster family agency shall submit the fingerprints to the California Department of Justice along with a second set of fingerprints for the purpose of searching the records of the Federal Bureau of Investigation or to comply with Section 80019(e), prior to the individual's employment, residence or initial presence in the home.~~

1. ~~Fingerprints shall be submitted to the California Department of Justice by the foster family agency or sent by electronic transmission in a manner approved by the California Department of Social Services.~~

2. ~~A foster family agency's failure to submit fingerprints to the California Department of Justice or to comply with Section 87019(d) shall result in the citation of a deficiency, and the immediate civil penalties of one hundred dollars (\$100) per violation.~~

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1522, and 1522.07, 1530, ~~and~~ 1530.07, Health and Safety Code.

Amend Section 101170 to read:

101170 CRIMINAL RECORD CLEARANCE (Continued)

101170

(h) Violation of Section 101170(e) will result in an immediate assessment of civil penalties of one hundred dollars (\$100) per violation per day for a maximum of five (5) days by the Department.

(1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.

(12) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1596.87199. (Continued)

~~(i) The Department shall notify the licensee and the affected individual associated with the facility, in concurrent, separate letters, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.~~

~~(m l)~~ (Continued)

~~(n m)~~ (Continued)

~~(o n)~~ (Continued)

~~(p o)~~ (Continued)

~~(q p)~~ (Continued)

~~(r q)~~ (Continued)

Authority Cited: Sections 1596.81; and 1596.98(c), Health and Safety Code.

Reference: Sections 1596.81(b), and 1596.871, and 1596.99, Health and Safety Code.

Amend Section 101170.1 to read:

101170.1 CRIMINAL RECORD EXEMPTIONS (Continued)

101170.1

(d) To request a criminal record exemption, a licensee or license applicant must submit information that indicates that the individual meets the requirements of Section 101170.1(c)(4). The Department will ~~send a written notice to~~ notify the licensee or license applicant and the affected individual, in concurrent, separate notices, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.

(1) The notice to the affected individual shall include a list of the conviction(s) that the Department is aware of at the time the notice is sent that must be addressed in an exemption request.

(2) The notice will list that lists the information that must be submitted to request a criminal record exemption.

(3) The information must be submitted within forty five (45) days of the date of the Department's notice.

(1 A) (Continued)

(2 B) (Continued)

(3 C) (Continued)

(4 D) (Continued)

(~~A~~) 1. (Continued)

(~~B~~) 2. Chooses not to employ or tTerminates the individual's employment because after receiving notice of the individual's criminal history or

(~~C~~) 3. Removes the individual who resides in the facility because after receiving notice of the individual's criminal history. (Continued)

(h) (Continued)

(1) Exemption denial notices shall specify the reason the exemption was denied.
(Continued)

Authority Cited: Section 1596.81 ~~1596.871~~, Health and Safety Code.

Reference: Sections 1596.81(b), 1596.871, 1596.885, and 1596.8897, Health and Safety Code, and Greshner v. Anderson (2005) 127 Cal. App. 4th 88.

Amend Section 101195 to read:

101195 PENALTIES (Continued)

101195

(b) Notwithstanding Section 101195(a) above, an immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed if any individual required to be fingerprinted under Health and Safety Code Section 1596.871(b) has not obtained a California clearance or a criminal record exemption, requested a transfer of a criminal record clearance or requested and be approved for a transfer of an exemption as specified in Section 101170(e) prior to ~~the individual's employment, residence or initial presence~~ working, residing or volunteering in the facility.

(1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.

(12) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1596.87199.

(23) (Continued)

Authority Cited: Sections 1596.81 and 1596.893(b), Health and Safety Code.

Reference: Sections 1596.81(b), 1596.871, 1596.893, 1596.98 and 1596.99, Health and Safety Code.

Amend Section 102370 to read:

102370 CRIMINAL RECORD CLEARANCE (Continued)

102370

- (e) Violation of Section 102370(d) will result in a citation of a deficiency and an immediate assessment of civil penalties of one hundred dollars (\$100) per violation per day for a maximum of five (5) days by the Department.
 - (1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.
 - (12) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1596.87199. (Continued)
- ~~(h) The Department shall notify the licensee and the affected individual associated with the facility, in concurrent, separate letters, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.~~
- ~~(i) (Continued)~~
- ~~(j) (Continued)~~
- (j) A criminal record clearance may be transferred between state and county licensing agencies or between county licensing agencies provided:
 - (1) The transfer is to the same facility type.
 - (2) The individual and the licensing agency that processed the clearance submit a Substitute Agency Notification Request (BCII 9002) to the receiving licensing agency.
 - (3) The receiving licensing agency submits the Substitute Agency Notification Request (BCII 9002) to the Department of Justice.
 - (4) The Department of Justice approves the request and returns a completed BCII 9002 to the receiving agency. (Continued)

Authority Cited: Sections 1596.81, and 1596.98(c), Health and Safety Code.

Reference: Sections 1596.871, 1596.99, and 1597.59, Health and Safety Code.

Amend Section 102370.1 to read:

102370.1 CRIMINAL RECORD EXEMPTIONS (Continued)

102370.1

(d) To request a criminal record exemption, a licensee or license applicants must submit information that indicates that the individual meets the requirements of Section 102370.1(c)(2)(D). The Department will ~~send a written notice to~~ notify the licensee or license applicant and the affected individual, in concurrent, separate notices, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.

(1) The notice to the affected individual shall include a list of the conviction(s) that the Department is aware of at the time the notice is sent that must be addressed in an exemption request.

(2) The notice will list ~~that lists~~ the information that must be submitted to request a criminal record exemption.

(3) The information must be submitted within forty five (45) days of the date of the Department's notice.

(1 A) (Continued)

(2 B) (Continued)

(3 C) (Continued)

(4 D) (Continued)

(A) 1. (Continued)

(B) 2. Chooses not to employ or terminates the individual's employment because after receiving notice of the individual's criminal history or

(C) 3. Removes the individual who resides in the facility ~~because after~~ receiving notice of the individual's criminal history. (Continued)

(n) (Continued)

(5) Exemption denial notices shall specify the reason the exemption was denied.
(Continued)

(s) A criminal record exemption may be transferred between state and county licensing agencies or between county licensing agencies provided:

- (1) The transfer is to the same facility type.
- (2) The individual and the licensing agency that processed the exemption submit a Substitute Agency Notification Request (BCII 9002) to the receiving licensing agency.
- (3) The receiving licensing agency submits the Substitute Agency Notification Request (BCII 9002) to the Department of Justice.
- (4) The Department of Justice approves the request and returns a completed BCII 9002 to the receiving agency.
- (5) The licensing agency approves the exemption transfer after considering the following:
 - (A) The basis on which the licensing agency granted the exemption;
 - (B) Whether the exemption was appropriately evaluated and granted.

(s t) (Continued)

(t u) (Continued)

(u v) (Continued)

(v w) (Continued)

Authority Cited: Sections 1596.81 ~~and 1596.871~~, Health and Safety Code.

Reference: Sections 1596.871, 1596.81(b), 1596.885, 1596.8897, and 1597.59(b), Health and Safety Code; ~~and Section 42001, Vehicle Code.~~ and Greshner v. Anderson (2005) 127 Cal. App. 4th 88.

Amend Section 102395 to read:

102395 PENALTIES

102395

- (a) An immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed for the following:
- (1) Failure to obtain a California clearance or a criminal record exemption, request a transfer of a criminal record clearance or request and be approved for a transfer of an exemption as specified in Section 102370(d) for any individual required to be fingerprinted under Health and Safety Code Section 1596.871 prior to ~~the individual's employment, residence or initial presence~~ allowing the individual to work, reside or volunteer in the facility.
- (A) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.
- (AB) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1596.87199. (Continued)

Authority Cited: Sections 1596.81 ~~and 1596.871(g)~~, Health and Safety Code.

Reference: Sections 1596.871, 1596.8712(d) and 1596.99, Health and Safety Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. '4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-06-0117-08	REGULATORY ACTION NUMBER 06-0630-045	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
		2006 JUN 30 PM 4:59 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY California Department of Social Services		AGENCY FILE NUMBER (if any) ORD #0805-14	

FILED
in the office of the Secretary of State
of the State of California

JUL 20 2006

At 2:06 O'clock P M.

Shane Street

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER ()	FAX NUMBER (Optional) ()
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER <i>06-04-2</i>	PUBLICATION DATE <i>1-29-2006</i>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) ABAWD Food Stamp Work Requirement	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTION(S) AFFECTED (List all section number(s) individually)	ADOPT
	AMEND 63-410
TITLE(S) MPP	REPEAL

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code, § 11346)	☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4)	☐ Emergency (Gov. Code, § 11346.1(b))	☐ Emergency Readopt (Gov. Code, § 11346.1(h))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.				
☐ Print Only	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)	☐ Other (specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

N/A		
5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))	☒ Effective 30th day after filing with Secretary of State	
	☒ Effective on filing with Secretary of State	
	☐ Effective other (Specify)	

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Alison Garcia, Manager	TELEPHONE NUMBER () 657-2586	FAX NUMBER (Optional) ()	E-MAIL ADDRESS (Optional)
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I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Cliff Allenby</i>	DATE 6-14-06
TYPED NAME AND TITLE OF SIGNATORY CLIFF ALLENBY, Interim Director	

240-0880-10

Repeal Sections 63-410.37 through .373:

63-410 FOOD STAMP WORK REQUIREMENT FOR ABLE-BODIED
ADULTS WITHOUT DEPENDENTS (ABAWD) (Continued)

63-410

.3 Exemptions

The following individuals are exempt from the ABAWD work requirement: (Continued)

~~Section 63-410.37(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration.~~

*Changes ok
per Agency.
7/20/06
djs*

~~(QR) .37 Ending Exemptions for Quarterly Reporting and Change Reporting Households.~~

~~(QR) .371 For a quarterly reporting household, if an ABAWD's exemption stops mid-quarter due to a change in circumstances that must be reported as specified in MPP Section 63-505.3, the ABAWD shall report the change on the next quarterly report and be considered exempt for the remainder of the quarter.~~

~~(QR) .372 For a change reporting household, if an ABAWD is no longer eligible for an exemption due to a change that must be reported in accordance with MPP Section 63-505.5, the individual shall report the change within ten days of occurrence and the exemption shall stop when the change is reported.~~

~~(QR) .373 For an individual who no longer meets ABAWD exemption criteria as the result of a change not subject to QR or change reporting requirements, the individual's exemption status shall be reevaluated at recertification.~~

.4 (Continued)

Authority Cited: Sections 10553, 10554, 11265.1, .2, and .3, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11265.1, .2, and .3, 18904, and 18910, Welfare and Institutions Code; 7 U.S.C. 2015(d) and (o); instructions received from Dennis Stewart, Regional Director of the Food Stamp Program, Food and Nutrition Service (FNS) dated April 21, 1998, 7 CFR 273.7(f); 7 CFR 273.13; 7 CFR 273.24(b), (c), (e), and (g); 45 CFR 400.154; and Food and Nutrition Service Quarterly Reporting/Prospective Budgeting waiver dated April 1, 2003.